County of El Dorado
Agriculture, Weights & Measures

LeeAnne Mila
Agricultural Commissioner, Sealer of Weights & Measures

Agricultural Grading Application

Site Location:

Assessor's Parcel Number(s) _____

Physical Address: Street: _____

City: _____ State: _____ Zip Code: _____

Total acreage of parcel: _____

Present zoning: _____   In an Ag District? Yes / No

Water Source: _____   Pesticide Permit/ID Number: _____

Driving Directions:

_____

_____

Property Owner: _____ Phone #: _____

Cell phone: _____ Fax #: _____

Mailing address: Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Onsite Contact Person (Manager, Contractor, etc.):

Name:
_____

Business phone: _____ Cell phone: _____

Fax #: _____

Mailing address: Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Proposed Agricultural Crop(s) and Associated Acres:

_____

_____

_____

(Please attach a copy of your schedule for planting crops in the graded area)

Soil Type(s):

_____

Percent slope of grading project location: _____

Previous land use (type of crop, range, woodland, etc.): _____

Tillage plan:
Deep ripping? *Yes/No*   Disking? *Yes/No*   Tree removal? *Yes/No*

If trees are to be removed, list species? _____

Will agricultural grading project require terracing? *Yes/No*

Will the project require any cuts over 5 feet and or fills over 3 feet? *Yes/No*

Sensitive areas (critical areas that may have serious erosion and sedimentation potential or areas that may need to be protected from erosion and sedimentation). Please describe and attach site plan:

_____

_____

_____

Erosion and sediment control: List best management practices to be used, as adopted by the Board of Supervisors and found at the following website: https://www.edcgov.us/Government/ag/pages/ag_grading_permits_and_bmp_s.aspx and provide implementation dates.

BMP Description   Implementation date

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

I certify that the information provided is correct and valid:

*Owner Signature:_____ **Date:**_____

*Application <u>must</u> be signed by the owner of the property unless a letter, signed by the owner authorizing you as the designee, is attached.

-OFFICE USE ONLY-

Date Received:	_____	**Date of Site Visit:**	_____
Application #	_____	**Exemption:**	_____
Date Approved:	_____	**Approved By (initials)**	_____