

**REQUEST FOR EXTENSION OF
SOIL EROSION AND SEDIMENT CONTROL PLAN CERTIFICATION
PURSUANT TO P.L. 2008, CHAPTER 78 "Permit Extension Act of 2008"**

TO: _____ SOIL CONSERVATION DISTRICT

I hereby formally request extension of the soil erosion and sediment control plan until July 1, 2010.

1. Name of Project: _____
2. SCD Application No: _____ RFA# _____
3. Project Owner Name (s): _____
4. Address: _____

5. Date of Last Revision to Site Plan: _____
6. Date of Last Revision to Erosion Control Plan: _____

I certify that all revisions to the soil erosion and sediment control plan have been previously certified by the district and agree as follows:

- a) Approval of this request will confer extension of the existing soil erosion and sediment control plan and allow for continuation of the project.
- b) Extension Request extends the requirements of the previous application identified in #2 above which shall be appended herewith.
- c) All terms and conditions regarding compliance with this application and certified plan shall remain in effect including payment of all fees prescribed by the district fee schedule.
- d) That upon completion of the project, the district will be promptly notified. Authorization to occupy or otherwise utilize the project is conditioned upon district issuance of a Report of Compliance with the certified plan.
- e) Where changes to the application have occurred including ownership, a revised and signed application form shall be included with this request for Extension. If no revised application is forwarded, the applicant certifies that no changes to the Soil Erosion and Sediment Control Plan or Application have been made.
- f) Extension will only apply when there are no changes to the previously certified plan.
- g) Extension will not apply to projects located in "environmentally sensitive areas", i.e. Highlands Region, Planning Area 4B and 5 and the Pinelands. Identify area of project.

Application Certification*

_____ Signature of Applicant	_____ Date
_____ Applicant Name (Print)	

Soil Conservation District Disposition
This request has been: Granted / Denied

_____ Signature of District Official	_____ Date
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*If other than project owner, written authorization from owner must be attached.

Property Owner Authorization Form

Name of Project _____

Block _____

Lot _____

Street Address _____

Municipality _____

Property Owner's Name _____

Property Owner's Company Name (if applicable) _____

Address _____

Phone _____

Applicant's Name _____

Applicant's Company Name (if applicable) _____

Address _____

Phone _____

I, _____, authorize _____
(Print Name of Owner) (Print Name of Applicant)

to act on my behalf for the Soil Erosion and Sediment Control Plan and Application for the above referenced property.

Signed _____
(Signature of Property Owner)

Date _____