



**City of Carmel
Engineering Department**

Permit # _____

**Application for Erosion and Sediment Control Maintenance Bond Release
All Development**

Name of Project:			
Project Location:			
Contact Name:		Contact Phone, Email:	
Developer / Owner Name:		Office Phone:	
Developer / Owner Address:		Office Fax:	

Date of request: _____

**The following items shall be submitted to be considered for release of erosion and sediment control maintenance bonds.
Check off each item you are submitting in the left hand column:**

Option (1) – Project Termination		
THIS AREA TO BE USED AS A CHECK OFF LIST BY THE SUBMITTING PARTY.	THIS AREA TO BE COMPLETED BY THE CITY ENGINEERING DEPT.	
	DEFICIENT / NOTE	ACCEPTED / VERIFIED DATE
<input type="checkbox"/> Self Inspection Form for ESC Bond Release	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of Letter to Board of Public Works requesting release (Original Letter to be submitted to Engineering Department no later than two weeks prior to scheduled Board of Public Works meeting)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> O&M Manual Transfer Meeting & New Owner Acknowledgement Agreement if applicable (City of Carmel must be present at meeting)	<input type="checkbox"/>	<input type="checkbox"/>
Final Inspection by City	<input type="checkbox"/>	<input type="checkbox"/>
Department Note:		
City of Carmel MS4 Sign Off by:	Final Acceptance: <input type="checkbox"/>	& Date:

By signing below, I certify all information is accurate.

Printed Name: _____ Title: _____

Signed: _____ Company: _____

Return form to:
Carmel Engineering Department
Attn: Stormwater Administrator
One Civic Square
Carmel, IN 46032
317-571-2441
317-571-2439