

SEMSWA

REDUCTION OF COLLATERAL FOR GRADING, EROSION, AND SEDIMENT CONTROL PERMIT

DATE: _____	GESC PERMIT NUMBER: _____
PROJECT NAME: _____	
LOCATION: _____	
DEVELOPER NAME AND ADDRESS: _____	

<u>COLLATERAL</u>
_____ AMOUNT OF COLLATERAL WITH CITY
_____ AMOUNT OF COLLATERAL REDUCTION
_____ AMOUNT OF COLLATERAL TO BE RETAINED BY SEMSWA UNTIL FINAL CLOSE-OUT ACCEPTANCE

EXPLANATION:

SEMSWA INSPECTOR: _____	DATE: _____
INSPECTION MANAGER: _____	DATE: _____
EXECUTIVE DIRECTOR: _____	DATE: _____