



STORMWATER PERMIT 2018

Property Owner: _____ Phone: _____ Fax: _____
 Address: _____ City & State: _____ Zip: _____
 Contractor: _____ Phone: _____ Fax: _____
 Address: _____ City & State: _____ Fax: _____
 Job Location (Legal description/Address): _____

 Work Performed: _____

 Use of Occupancy for proposed work: _____
 Site Disturbance Area (acreage): _____
 Start Date: _____ Completion Date: _____
 JOB SITE CONTACT: _____ PHONE: _____

The following shall be submitted with each application, if applicable:
 1) Two complete sets of plans
 2) Identify Stormwater Facilities
 3) Stamped & signed Licensed Professional
 4) Recordable document for Maintenance
 5) Security to Guarantee Work

Plan Checklist:

- Scale
- North Arrow
- Date when plans were prepared
- Project Narrative with supporting Design Calculations
- Site Plan
- Erosion & Sedimentation Control Plan
- Operation & Maintenance Plan
- Existing Structures on property

Note: Additional Information may be required.

Office Use Only:

Permit No: _____

 (Approval/Date)

Fees:
 Permit \$ _____

The applicant hereby certifies that he/she received a copy of Ordinance 1064 and UBC Section 3309, 3310, 1063, pertaining to Stormwater Management and I am responsible for complying with the regulations contained therein.

 (Signature) (Date)