



RESIDENTIAL LOT STORMWATER PERMIT REQUEST

Address: _____

Name of Subdivision/Minor Plat & Lot # (if applicable): _____

Parcel Number: _____

Section/Township/Range _____

Township Name: _____

Applicant's Name: _____

Address: _____

Phone: () _____

Fax: () _____

Property Owner: _____

Property Address: _____

Phone: () _____

Fax: () _____

Contractor/Builder: _____

Address: _____

Phone: () _____

Fax: () _____

Contact Person: _____

Cell Phone: _____

Type of Improvement: _____

Trained Individual in Charge of the Mandatory Storm Water Pollution Prevention Program

Name: _____

Address: _____

Phone: () _____

E-Mail: _____

List of Qualifications: _____

The individual lot operator is responsible for installation and maintenance of all erosion and sediment control measures until the site is stabilized.

Signature _____

Date _____

OFFICE USE ONLY

PERMIT #: _____

BUILDING PERMIT #: _____

PERMIT FEE: _____

RECEIPT #: _____

CASH: _____ CHECK #: _____

DATE RELEASED: _____

RELEASED FOR CONSTRUCTION:

_____ EROSION CONTROL PLAN per _____

APPLICATION DENIED: _____