

STORM WATER MANAGEMENT SITE PLAN APPLICATION
FULTON TOWNSHIP

Application is hereby made to Fulton Township for the issuance of a Storm Water Management Plan approval for a Regulated Activity as defined in the Fulton Township Storm Water Management Ordinance.

1. Name of Property Owner: _____

Address: _____

Phone #: _____

2. Name of Applicant (if other than owner): _____

Address: _____

Phone #: _____

3. Project location: _____

4. Description of work to be performed: _____

5. Amount of proposed impervious cover (sq. ft.): _____

6. Total area to be disturbed, including storm water management facilities (sq. ft.):
_____ (Note if over 43,560 sq. ft. an NPDES Permit is required)

7. Amount of impervious cover (sq. ft.) installed on this property since the enactment of the Stormwater Management Ordinance (May 2014) as approved exemption: _____

8. Total area (sq. ft.) disturbed since the enactment of this Storm Water Ordinance (May 2014):

I acknowledge the Township's right to review the information and plans provided, at my expense, and to deny this application or revoke this permit if any of the above statements are found to be false.

Owner / Applicant

Date

- Municipal Use Only -

Date Received: _____ File #: _____ Submitted Fee: _____

Property Account #: _____

Approval Date of Application: _____

Comments: _____
