

PERKIOMEN TOWNSHIP STORMWATER MANAGEMENT PERMIT APPLICATION

1 TRAPPE ROAD
COLLEGEVILLE, PA 19426
610-489-4034 (PHONE)

TOWNSHIP USE ONLY		
Date Issued: / /	Permit #:	Approved By:
Permit Fee:	\$	
Total Fees:	\$	
		Date Stamp When Received:

I. PERMIT TYPE (Application to be filed in conjunction with a Construction, Zoning / Land Use, and/or Highway Occupancy Permit Application as applicable.)		
USE: <input type="checkbox"/> Single-Family <input type="checkbox"/> Two-family <input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial (retail, office, etc.) <input type="checkbox"/> Other		
<input type="checkbox"/> Exempt	<input type="checkbox"/> Small Project	<input type="checkbox"/> Other
<1,500 ft ² Impervious Area and <5,000 ft ² Disturbance	1,500 ft ² to 3,000 ft ² Impervious Area and <10,000 ft ² Disturbance	>3,000 ft ² Impervious Area or >10,000 ft ² Disturbance
Fee - None	Fee - See Township Annual Fee Schedule: Fee = Application Fee + Escrow	Fee - See Township Annual Fee Schedule: Fee = Application Fee + Escrow

II. TYPE OF WORK OR IMPROVEMENT	
USE: <input type="checkbox"/> Single-Family <input type="checkbox"/> Two-family <input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial (retail, office, etc.) <input type="checkbox"/> Other	
Brief Description of Work:	
Proposed Impervious (ft ²):	Proposed Disturbance (ft ²):

III. PROJECT LOCATION	
Site Address(es):	
Subdivision Name:	Lot #:
Tax Parcel No(s):	Zoning District:
	Lot Area (ac):
Include information for multiple properties if applicable.	

IV. OWNER	
Name (print):	Phone #: - -
Address:	Email:
If Owner is an organization, provide individual representative information.	

V. APPLICANT		CHECK IF: <input type="checkbox"/> SAME AS OWNER	
Entity / Name:		Phone #: - -	
Address:		Email:	
If Applicant is an organization, provide individual representative information.			

VI. ENGINEER	
Entity / Name:	Phone #: - -
Address:	Email:

VII. CHECKLIST
The following items shall be submitted with this Application:
<input type="checkbox"/> Fees <input type="checkbox"/> Stormwater Report <input type="checkbox"/> Plans (Meeting Criteria of Stormwater Ordinance)

VIII. APPLICANT SIGNATURE	
I HEREBY CERTIFY THAT I AGREE TO ABIDE TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION AS IT RELATES TO THIS PERMIT. I FURTHER AGREE THAT IF I AM THE EQUITABLE OWNER, OR DESIGN ENGINEER SIGNING THIS APPLICATION , THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY SUCH TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.	
Applicant Signature: _____	Date: _____ / _____ / _____

FEES TO BE PAID BY CHECK OR MONEY ORDER!!!