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Stormwater Management Plan Submittal Form

APPLICANT INFORMATION Name		LAND INFORMATION	
		Block Parcel(s)	
Phone		APPLICATION REQUIREMENTS *	
		Stormwater Management Plan (3 Copies) Copy of Planning Approval Letter	
L'indii		Cross section of proposed sidewalk (if applicable)	
AGENT INFORMATION	1		
Contact Person	-	I hereby certify that the information provided is accurate and	
Company		true.	
Phone		SignatureApplicant/Agent	
Fax Number		Date	
E-mail			
TYPE OF PROJECT ANI			
Subdivision	Subdivision		
Residential	Number of Lots		
	Buildable Lots	<u>-</u>	
Commercial	Roads		
Industrial	LPP	sq. it	
Institutional	Poof Area		
Hotel 🗆	Roof Area		
Parking Lot Only	Existing Building(s)		
_	New/ Additional Building(s)	sq. ft.	
Change of Use □			
After the Fact	Paved Surfaces (parking lots, driveways, paths etc)		
	Total Areasq. ft.		
	Materials		
	For Official Use Only	Recommendations:	
	Managing Director		
	Deputy or Asst. M.D.		
	TPU Officer		
D . C.	Planning Reference		
Date Stamp	Planner		