FRANKLIN TOWNSHIP, CHESTER COUNTY STORMWATER PERMIT APPLICATION

Tax Parcel No.:		For Towns	ship Use:
		Date of Receipt:	
		Fee Received:	
Name of Property Owner(s):			
Address:			
	Zip:	Phone:	
E-mail address (optional):		Cell:	
Name of Contractor:			
Street Address:			
City:	Zip:	Phone:	
E-mail address (optional):			
Name of Architect/Engineer/Surveyor:			
Company;			
Street Address:			
City:	Zip:	Phone:	
E-mail address (optional):			
Project Location and Address (may state same as owner):			
Proposed Earth Disturbance (in acres or square feet):			
Proposed Impervious Surface (in acres or square feet):			
impervious includes paving, buildings, compacted gravel areas etc.			
Subdivision or land development plan if applicable Plan name:		Plan date:	
i an name.		Tian date.	
Brief Description of Proposed Work:			
The undersigned hereby represents that, to the best of their knowledge and belief, all information listed above and			
contained within the submittal provided is correct and complete. I hereby agree to accept and abide by the Stormwater			
Permit provisions, the conditions of approval pertaining to this permit (if any) and Franklin Township Ordinances.			
Signature of Applicant:		D	ate:
REQUIRED INFORMATION:			

- 1. Upon submittal, this application, with all required information, signed by the applicant
- 2. Upon submittal, Three (3) copies of Stormwater Management Plan
- 3. Once Stormwater Plan is approved, two (2) signed & notarized copies of the approved Operations & Maintenance Agreement