

STORMWATER MANAGEMENT PERMIT APPLICATION

Zionsville Street and Stormwater Department 1075 Parkway Drive • Zionsville, IN 46077 **ZIONSVILLE** Phone: (317) 873-4544 • Fax: (317) 733-2275

Permit #	
Permit Fee	
\$	

Required for any construction activity resulting in one (1) acre or greater of total land disturbance.

(to be completed by Town)

GENERAL PROJECT INFORMATION			
Project Name:			
Project Address or Location Description:			
Project Type/Description:			
☐ (if applicable) Commercial Project Total Site Area (acres):			
□ (if applicable) Residential Subdivision - Total Lots (#):			
Total Disturbed Area (acres):	Added Impervious Surface (sq. ft.):		
Estimated Start Date:	Estimated Completion Date:		
PROJECT SITE OWNER INFORMATION			
Contact Name and Title:			
Company:			
Address:	City/State/Zip:		
Phone:	E-Mail:		
PLAN PREPARER INFORMATION			
Contact Name:			
Company:			
Address:	City/State/Zip:		
Phone:	E-Mail:		
TRAINED INDIVIDUAL ASSIGNED TO STORMWATER POLLUTION PREVENTION PLAN (SWPPP) IMPLEMENTATION			
Trained Individual Name:			
Company:			
Address:	City/State/Zip:		
Phone:	E-Mail:		
Qualifications/Certifications (attach additional sheets if necessary):			
By signing the following I certify that:			
 A. The stormwater quality controls ("controls") included in the Stormwater Pollution Prevention Plan (SWPPP) comply with the requirements of the Zionsville Stormwater Ordinance and Technical Standards, 327 IAC 15-5 ("Rule 5"), and all other applicable federal, state and local stormwater requirements; B. All controls included in the SWPPP, as well as additional controls beyond those specified in the SWPPP deemed necessary to maintain compliance with the Zionsville and other applicable Code(s), shall be installed and maintained; C. The Trained Individual shall oversee, direct and inspect the installation and maintenance of the controls. 			
Signature of Project Owner Printed Nar	me Date		
Permit Approved (<i>Town Official</i>): Printed Nar	ne Date		