

West Nantmeal Township
455 N. Manor Road, PO Box 234
Elverson, PA 19520
(610) 286-9722

APPLICATION FOR STORMWATER MANAGEMENT WAIVER REQUEST

Owners(s) Name: _____ Tax Parcel No. _____
Date: _____
Address: _____ Phone: _____
Email: _____

Contractor: _____ Phone: _____
Address: _____ Email: _____

Insurance: _____
(copy attached) General Liability Workers Compensation

Architect/Engineer: _____ Phone: _____
Address: _____ Email: _____

Project Description: _____

Reason for request: _____

This application is made under and subject to all conditions, restrictions and regulations prescribed by West Nantmeal Township Ordinance 117 of 2013, and subject to any other applicable general provisions and specifications. A true copy of Ordinance 117 of 2013 is available upon request, with the same force and effect as if written or printed herein, and under and subject to the applicable special conditions, restrictions and regulations hereinafter set forth.

Is the application part of an approved subdivision with a stormwater management plan? YES NO

What is the approved impervious coverage delineated in the Subdivision Plan (Sq. ft) _____

Total Project Area of Earth Disturbance (Sq. ft.): _____

Total Project Area of New Impervious Surface (Sq. Ft.): _____

Distance of proposed improvements from property line (feet): _____

Direction of slope: Toward street? YES NO

Toward adjacent property? YES NO

Any known flooding/water quality issues in the surrounding properties or streets? YES NO

Describe:

Fees:
Fees are described in Township Fee Schedule.
Projects qualifying for stormwater management may require financial security, an operation and maintenance agreement, easements and/or deed restrictions.

I hereby agree to accept and abide by the Stormwater Management Permit, the conditions of approval pertaining to this permit, and the code of West Nantmeal Township.

Owners Signatures: _____ Date: _____
_____ Date: _____

Township Use Only Below This Line

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Waiver is: Approved Denied

Reason for denial:

West Nantmeal Township

Authorized Signature

Printed

Title

Date: _____

Fee: \$ _____

Financial Security: \$ _____