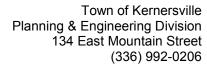




Watershed/Stormwater Permit - High Density Application

Date Submitted:		
Project Name:		
Property Address:		
Project Description:		
Stormwater Control Measures	Description:	
Property Owner		
Name:		
Name of Signing Official and	Fitle (if applicable):	
Address:		
Phone:		
Property Owner Signature		Date
	ifies that the applicant listed below has permit for the development describ	as full permission to act on the owner's behalf ned in this application. ***
Applicant (if different from Pro	operty Owner)	
Name:		
Company:		
Address:		
Phone:	Email:	
Responsible Design Profession	onal	
Name:	· · · · · · · · · · · · · · · · · · ·	
Company:		
Address:		
Phone:	Email:	





Watershed Administrator

(Optional) Other contact such as the project manager who is designated to answer questions about the project Company: Email: SITE DATA _____ (sq. ft.) A. Total site area B. Proposed disturbed area _____ (sq. ft.) C. Existing impervious surface area _____ (sq. ft.) D. Existing impervious surface area built before 1993 _____ (sq. ft.) E. Total regulated undeveloped site area: (A-D) _____ (sq. ft.) F. Total proposed impervious surface area _____ (sq. ft.) G. Regulated impervious surface area: (F-D) _____ (sq. ft.) H. Proposed impervious surface area percentage: (F/A)*100 % I. Regulated impervious surface area percentage: (G/E)*100 % J. If residential, units per acre **Note**: Filing this application form gives the Town permission to enter property for inspections. **OFFICE USE** Watershed: Pin(s)#: APPROVAL:

Date