



Watershed/Stormwater Permit - Low Density Application - Impervious Reduction

Date Submitted:		
Project Name:		
Property Address:		
Property Owner		
Name:		······
	e (if applicable):	
Address:		
Phone:		
Property Owner Signature		Date
	s that the applicant listed below has ful ermit for the development described in	I permission to act on the owner's behalthis application. ***
Applicant (if different from Prope	erty Owner)	
Name:		
Address:		
Phone:	Email:	
Responsible Design Professiona	ıl	
Name:		
Company:		
Address:		
Phone:	Email:	





SITE DATA

A. Total site area B. Proposed disturbed area C. Existing impervious surface Area D. Existing impervious surface area built before E. Total regulated undeveloped site area: (A-D) F. Total proposed impervious surface area G. Regulated impervious surface area: (F-D) H. Proposed impervious surface area percentag I. Regulated impervious surface area percentag J. If residential, units per acre	e: (F/A)*100	(sq. ft.)(sq. ft.)(sq. ft.)(sq. ft.)(sq. ft.)(sq. ft.)%		
Note : Filing this application form gives the Town permission to enter property for inspections.				
	OFFICE USE			
Watershed:	_			
Pin#:	_			
Watershed Administrator	_	Date		