

Parcel #: _____

Wallace Township

1250 Creek Road, P.O. Box 670

Glenmoore, PA 19343

Phone: (610) 942-2880

Fax: (610) 942-49170

Email: wallace@wallacetwp.org

Stormwater Management Permit Application

Property Owner: _____ Phone #: _____

Owner Address: _____

Applicant Name: _____

Applicant Address: _____

Phone #: _____ Alt. Phone #: _____

Email - Owner _____ Applicant _____

Job Site Information:

Site Address: _____

Project Description: _____

Total Proposed Impervious Area: _____ Total Earth Disturbance: _____

Stormwater BMP(s) to be used:

Rain Barrel or Cistern – Impervious Area: _____ Volume from Col. 3: _____

Rain Garden/Bioretenion/Dry Well #1 – Impervious Area: _____ Depth of BMP: _____

Dimensions of BMP from Col. 3: _____ Materials to be Used: _____

Infiltration Trench or Dry Well #2 – Impervious Area: _____ Depth of BMP: _____

Dimensions of BMP from Col. 3: _____ Materials to be Used: _____

Other _____ *(Engineered Stamped Plans must be attached)*

Attachments:

Simplified Sketch Plan or Engineered Stamped Plans

Simplified Plan Review Fee or Engineered Plan Review Fee

Completed and Signed Operations and Maintenance Agreement

Owner's Signature/Authorized Agent's Signature

Date

Reviewed and Accepted/Denied

Engineer/Building Code Official

Date