



STORM WATER PERMIT APPLICATION

278 Greenbag Road ♦ Post Office Box 852 ♦ Morgantown, WV 26507-0852 ♦ 304-292-8443 ♦ Fax 304-292-1526

PERMIT INFORMATION (Please Print Clearly or Type):

Applicant Name:		Address:	
City:	State:	Zip:	
Office Phone No.:	Home Phone No.:	Cell Phone No.:	
E-Mail Address:			

1. PROJECT INFORMATION:

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other (multifamily, Comm., Industrial, Parking, Etc.)	<input type="checkbox"/> Site Plan Attached	<input type="checkbox"/> Storm Water Management Plan Attached	<input type="checkbox"/> Sedimentation and Erosion Control Plan Attached
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2. TYPE OF CONSTRUCTION:

<input type="checkbox"/> House	<input type="checkbox"/> Multifamily	<input type="checkbox"/> Comm. / Indust.	<input type="checkbox"/> Parking	<input type="checkbox"/> Other (Please Explain in #7)
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3. PROJECT ADDRESS:

Street Address:		
City:	State:	Zip:

4. LOT SURFACE COMPOSITION:

A. Pre Non-Impervious: _____ Sq. Ft.	C. Post Non-Impervious: _____ Sq. Ft.	E. Total Site Area: _____ Sq. Ft.
B. Pre Impervious: _____ Sq. Ft.	D. Post Impervious: _____ Sq. Ft.	F. Percent Impervious: _____ %

*** ALL GRAVEL SUBJECT TO VEHICLE TRAFFIC SHALL BE CONSIDERED IMPERVIOUS.**

5. CONTRACTOR INFORMATION:

Contractor:		Site Representative:	
Street Address:			
City:	State:	Zip:	
Office Phone No.:	Cell Phone No.:		
E-Mail Address:			

6. PROPERTY INFORMATION:

District:	Tax Map No.:	Parcel No.:	Deed Book:	Page No.:
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7. ADDITIONAL INFORMATION ABOUT PROJECT (Please Explain in detail):

Signature (Required):	Date:
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PROJECT EVALUATION (For Office Use Only):

PROJECT REQUIREMENTS:

<input type="checkbox"/> Sedimentation and Erosion Control	<input type="checkbox"/> Storm Water Management Plan	<input type="checkbox"/> Other (See Comments)
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ROOF DRAINS/DISCHARGE PAIPE SHALL CONNECT TO:

<input type="checkbox"/> Existing Storm Line	<input type="checkbox"/> Dry Well	<input type="checkbox"/> Ditch	<input type="checkbox"/> Stream	<input type="checkbox"/> Ground	<input type="checkbox"/> Other (See Comments)
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COMMENTS:

Service No.:	Permit No.:	Date Received:
Reviewed By:		Date Reviewed: