Delaware DNREC Div. of Soil & Water Conservation 89 Kings Hwy. Dover, DE 19901

Phone: (302) 739-4411 FAX: (302) 739-6724



APPLICATION FOR SEDIMENT AND STORMWATER MANAGEMENT PLAN APPROVAL

PROJECT OR CONTRACT NUMBER:										
PROJECT DESCRIPTION:										
PROJECT LOCATION:town/city county hundred/tax parcel #										
PROJE	CT DISTU	RBED AREA IN ACRES:		expressed as acres and tenths of acres (i.e. 4.2 acres)						
OWNER/DEVELOPER NAME:										
OWNER/DEVELOPER ADDRESS: street city zip										
OWNER	R/DEVELO	OPER PHONE #: ()_		FAX #: ()					
CONSULTANT/ENGINEER NAME:										
CONTACT PERSON/PROJECT ENGINEER:										
CONSU	LTANT/E	NGINEER ADDRESS:	street		city	zip				
CONSU	LTANT/E	NGINEER PHONE #: ()	FAX#: ()					
FOR OFFICE USE ONLY		DESIGNREPORT		STATE OF DELAWARE						
		PLAN		DNREC SEDIMENT AND STORMWATER						
		CHECKLIST		MANAGEMENT PLAN						
	FEE PAID \$			APPROVEDBY						
	PERMIT#			DATE	TITLE					

Please submit this application with the Sediment and Stormwater Management Plan Checklist, owner/developer certification, design certification, agent's authorization, and plans, to the DNREC, Division of Soil and Water Conservation, Sediment and Stormwater Management Program, 89 Kings Highway, Dover DE, 19901.

OWNER/DEVELOPER CERTIFICATION

"I/We certify that the information on this form and the attached plans is true and accurate to the best of my/our knowledge."

"I/We understand that DNREC may request information in addition to that set forth herein as may be deemed appropriate in considering this application."

"I/We will abide by the conditions of this approval as issued."

"I/We hereby certify that all clearing, grading, construction and/or development will be done pursuant to the approved plan, and that all responsible personnel involved in the land disturbing activities will have a Sediment and Stormwater Management Certification from the Delaware Department of Natural Resources and Environmental Control."

"I/We hereby authorize the right of entry for periodic on site inspections by State of Delaware, Department of Natural Resource and Environmental Control compliance personnel and/or authorized agents."

Owner/Developer Signature		Date	-		
. ,					
Owner/Developer Name and Title (Printe	ed or typed)				
	DESIGNER	CERTIFICATION			
"I hereby certify that, to the best of my kr Delaware Erosion and Sediment Control				ce with the current	
Designer Signature		Date	Delaware Reg. No	Delaware Reg. No. (if applicable)	
Designer Name and Title (Printed or typ	ed)		Type (P.E., P.L.S.	, R.A., or R.L.A.)	
	AGENT A	JTHORIZATION*			
(* If this authorization form is complet	ed with the application, all	future corresponden	ce may be signed by the du	ıly authorized agent.)	
I, in the processing of this application and t	, hereby do furnish any information	esignate and authorize that is requested.	ze the following identified a	gent to act on my behalf	
AGENT NAME:					
AGENT ADDRESS:					
	street		city	zip	
AGENT PHONE #: ()		FAX#: ()		
Owner/Developer Signature	 Date	Agent Signature		 Date	