



**APPLICATION
FOR STORMWATER
MANAGEMENT
PLAN APPROVAL
AND PERMIT**

APPLY TO:
CITY OF FOREST PARK
COMMUNITY DEVELOPMENT DEPT.
1201 WEST KEMPER ROAD
FOREST PARK, OHIO 45240
513-595-5215

1. PROJECT NAME _____
 2. LOCATION OF PROPOSED PROJECT _____
 3. LOT NO. _____ OF _____ SUBDIVISION _____ BLOCK _____ SECTION _____ PART _____
 4. SITE LOCATED ON N S E W SIDE OF: _____ APPROX. _____ FT. N S E W OF: _____

IDENTIFICATION	NAME	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE
5. APPLICANT						
6. OWNER						
7. SM Plans By						
8. ARBORCULTURALIST						
9. CONTRACTOR						

10. APPLICATION FOR:
 STORMWATER MANAGEMENT(SM)
 PLAN AND PERMIT
 REVISION TO APPROVED SM PLAN

11. DATA AS CERTIFIED BY DESIGN ENGINEER
 A. QUANTITY OF CUT _____ CU. YDS.
 B. QUANTITY OF FILL _____ CU. YDS.
 C. MAXIMUM DEPTH OF CUT _____ FT.
 D. MAXIMUM HEIGHT OF FILL _____ FT.
 E. MAXIMUM EXISTING SLOPE TO RECEIVE FILL
 IS _____ FT. HORZ. TO _____ FT. VERT.
 F. MAXIMUM SLOPE TO FINAL GRADE IS _____ FT.
 HORZ. TO _____ FT. VERTICAL

12. TOTAL SITE AREA: _____ (SQ. FT.) (ACRES)

13. INDICATE LISTED DATA AND SPECIFICATIONS
 A. STARTING DATE _____
 B. COMPLETION DATE _____
 C. VEGETATION COVER REMOVAL DATE _____
 D. ROUGH GRADING DATE _____
 E. EXPOSURE TIME _____
 F. TYPE OF TEMPORARY EROSION & SEDIMENT CONTROL
 MEASURES _____
 G. TYPE OF PERMANENT EROSION & SEDEMINT CONTROL
 MEASURES _____
 H. TYPE SEED _____
 I. SEEDING COVERAGE RATES _____
 J. WHO IS RESPONSIBLE FOR MAINTAINING SITE DURING
 CONSTRUCTION: _____
 K. HOW LONG AFTER END OF CONSTRUCTION WILL THE
 ABOVE MAINTAIN THE SITE: _____
 L. LENGTH OF TIME TOPSOIL WILL BE STOCKPILED: _____

14. ESTIMATED COST OF ITEMS COVERED UNDER SM
 PERFORMANCE BOND

ATTACH SEPARATE SHEET IF NECESSARY

QUANT.	DESCRIPTION	UNIT	COST

TOTAL \$ _____

15. IF THE APPLICANT CLAIMS THAT THE PROPOSED PROJECT DOES NOT FALL UNDER THE JURISDICTION OF THE SM REQUIREMENTS, INDICATE THE SPECIFIC SECTIONS OF CHAPER 51 OF THE CODIFIED ORDINANCES WHICH WOULD EXEMPT THE PROJECT AND PROVIDE DATA TO SUBSTANTIATE THE CLAIM. (ATTACH THREE (3) COPIES TO THIS APPLICATION).

16. I HAVE PROVIDED ALL OF THE NECESSARY INFORMATION LISTED ON THE CHECKLIST AND CERTIFY THAT THE INFORMATION AND STATEMENTS ON THIS APPLICAITON AND ATTACHED PLANS AND DATA ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.

**CAREFULLY READ THE FOLLOWING
AND SIGN BELOW:**

Chapter 156-Comprehensive Fee Schedule requires that work performed by City Personnel and Professional Consultants and other costs incurred by the City in the review and approval of Stormwater Management Plans be charged to the applicant at the rates fixed by the Code in addition to the \$25 Plan Review Fee and \$20 Permit Fee. A Stormwater Management Permit cannot be issued nor performance bond released, prior to all fees being paid in full. I have read the above explanation and agree to comply with it.

APPLICANT'S SIGNATURE _____
 DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

APP. NO. _____
 FILE FEE _____
 DATE ISSUED _____
 PERMIT NO. _____
 STREET _____
 ADDRESS _____
 RECEIVED _____

- DISTRIBUTION: COMMUNITY DEVELOPMENT STORMWATER ENGINEER STORMWATER MANAGEMENT UTILITY DIRECTOR FINANCE DIRECTOR