

WEST PENNSBORO TOWNSHIP
2150 NEWVILLE ROAD
CARLISLE, PA 17015
(717) 243-8220

<u>TOWNSHIP USE ONLY</u> STORM WATER NO: _____ PARCEL NO: _____
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**APPLICATION FOR A STORM WATER MANAGEMENT PERMIT
MINOR LAND DISTURBANCE
Cumberland County, Pennsylvania**

Application is hereby made to West Pennsboro Township for the issuance of a Storm Water Management Permit pursuant to the specifications herewith submitted.

1. **Name of Property Owner(s):** _____
Address: _____
Phone No: _____ **Email:** _____

2. **Storm Water Management Plan Prepared By:** _____
Address: _____
Phone: _____ **Email:** _____ **Fax:** _____

3. **Project Location:** _____

4. **If the property is the subject of a subdivision or land development, provide plan book record number or Township identification number.** _____

5. **Description of Work to be Performed & Attach Storm Water Management Plan Report & Site Plan:**

The undersigned hereby represents that, to the best of their knowledge and belief, all information listed above and on the attachments is true, correct, and complete and in accordance with West Pennsboro Township's Stormwater Management Ordinance (Ordinance 2011-01).

Signature of Applicant: _____ **Date:** _____

Permits shall expire 12 months from the date of issuance unless an extension of time is requested by the Permittee and approved by the Township. A new application may be required if conditions in the surrounding area or new standards would require an alteration of the approved Storm Water Management Plan.
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For Township Use Only

File No: _____ Date of Receipt/Filing: _____