



Stormwater Management Ordinance Modification Request

Filing Fee:	\$100
Escrow:	\$200
Total Fees Due:	\$300
Date Paid:	
PC Meeting:	
BOS Meeting:	

APPLICANT INFORMATION

PERMIT NUMBER: _____

Applicant: _____ Phone#: _____

Street Address: _____ City, State Zip: _____

Applicant Signature: _____ Date: _____

PROPERTY OWNER INFORMATION (if different)

Property Owner: _____ Phone #: _____

Street Address: _____ City, State Zip: _____

Owner Signature: _____ Date: _____

Tax Parcel #: _____

Property location description: _____

The following waiver(s) of Stormwater Management Ordinance regulations is / are requested and justification for granting said waiver(s) is provided.

1. Section 415- Description: _____

Proposed Alternative to the requirement: _____

Justification: _____



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2. Section 415- Description: _____

Proposed Alternative to the requirement: _____

Justification: _____

3. Section 415- Description: _____

Proposed Alternative to the requirement: _____

Justification: _____

Section 415-48 Payment in lieu of stormwater management facilities

Provide a drawing that shows:

- Proposed impervious area
- Property lines
- Existing stormwater management facilities

Amount of impervious area added to site: _____

Price per square foot: _____

Total fee due: _____

(Use additional sheets if required)