

Certification of Storm-Water Run Off Plan

The owner(s) of the property identified below hereby makes application to the Municipality for certification of their proposed storm-water run off plan.

Property Owner's Name: _____

Mailing Address: _____

City, State & Zip: _____

Telephone Number: _____

Township: _____ Tax Parcel Number: _____

Property Location (road name): _____

Type of Structure: Single Family Residence _____ Multiple Family Residence _____

Recreational Cabin _____ Single Wide MH _____ Double Wide MH _____

Commercial _____ Industrial _____ Public _____

Church/School _____ Other Use _____

Anticipated Amount of Disturbance: _____

Name of Installation Contractor: _____

Address of Contractor: _____

Municipal Use Only

The storm-water plan submitted by the above named owner of the property listed has been reviewed and certified as meeting all requirements of the municipal storm-water run off ordinance.

Printed Name of Municipal Representative

Signature

Date of Approval