

## **PUBLIC WORKS & WATER RESOURCES**

CITY OF NEWARK

PROJECT NAME:

PROJECT DESCRIPTION:

220 South Main Street · Newark, Delaware 19711 302.366.7000 · Fax 302.366.7160 · www.newarkde.gov

## APPLICATION FOR SEDIMENT AND STORMWATER MANAGEMENT PLAN APPROVAL

PROJECT ADDRESS:			
STREE	I	CITY	ZIP
PROJECT LOCATION:COUN	TY	TAX PA	RCEL ID
PROJECT LIMIT OF DISTURBANCE (LOD) AREA IN	ACRES:		
	EXPRESSED TO NEA	AREST TENTH OF AN AC	CRE (I.E. 4.2 ACRES)
OWNER/DEVELOPER NAME:			
OWNER/DEVELOPER ADDRESS:			
		CITY	ZIP
OWNER/DEVELOPER CONTACT INFO:	PHONE	E-MAIL	
CONSULTANT/ENGINEER NAME:			
CONTACT DEDCOM/DDOJECT ENGINEED.			
CONTACT PERSON/PROJECT ENGINEER:			
CONSULTANT/ENGINEER ADDRESS:			
	STREET	CITY	ZIP
CONSULTANT/ENGINEED CONTACT INFO.			
The review fee is \$910 for any detailed plan ap acre will be assessed an additional fee of \$300 p	PHONE FEES provals disturbing less than 1	I.0 acre. Disturban	
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## **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 or City of Newark 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 condition of this approval as issued."

"I/We certify that all land clearing, construction and development shall be done pursuant to the approved attached plans and that responsible personnel (i.e. Blue Card Holder) involved in the land disturbance will have a Certification of Training prior to initiation of the project, at a DNREC sponsored or approved training course for the control of erosion and sediment during construction. In addition, I/We grant the DNREC Sediment and Stormwater Program and City of Newark the right to conduct on-site reviews, and I/We understand my/our responsibilities under the NPDES Construction General Permit, associated with this site."

Owner/Developer Signature			Date		
Owner/Developer Name and Title (Prin	ted or Typed)				
	DESIGNER	CERTIFICATION			
"I hereby certify that this plan I with the applicable state and lo			d to the best of my kr	nowledge complies	
Designer Signature		Date	 Delaware Reg. I	No. (if Applicable)	
Designer Name and Title (Printed or Typed)			Type (P.E., P.L.S., or R.L.A.)		
	AGENT AU	THORIZATION*			
*If this authorization form is com	pleted with the application, a	ll future correspondence।	may be signed by the duly a	authorized agent.	
	h				
to act on my behalf in the proce	essing of this application	and to furnish any i	nformation that is red	quested.	
AGENT NAME:					
AGENT ADDRESS:					
	STREET		CITY	ZIP	
AGENT CONTACT INFO:	PHONE		E-MAIL		
Owner/Developer Signature	 Date	Agent Signature		 Date	