



**Application For A  
Stormwater Management Permit**

**Notice:** The application must be typewritten, completed in full, and accompanied with 11 copies of completed application packages, as noted in the attached checklist. One copy must be filed with the City Clerk prior to filing with the Board of Health. All copies must be date stamped by the City Clerk. The package should be accompanied by all information provided in the Stormwater Management and Erosion Control Ordinance (Chapter 20.03), its accompanying regulations, and/or other materials specified by the Board or its designee.

**PARCEL INFORMATION (Parcel Information and Location)**

**Address:** \_\_\_\_\_

**Parcel ID:** \_\_\_\_\_

**Current Lot Size:** \_\_\_\_\_

**APPLICANT AND OWNER INFORMATION**

<b>Applicant Name:</b>	_____	<b>Landowner Name:</b>	_____
<b>Company Name:</b>	_____	<b>Company Name:</b>	_____
<b>Mailing Address:</b>	_____	<b>Mailing Address:</b>	_____
<b>Telephone:</b>	_____	<b>Telephone:</b>	_____
<b>Email:</b>	_____	<b>Email:</b>	_____

**Representative Name** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

PROJECT INFORMATION

Permit Applicability

Subdivision as defined in the Subdivision Control Law (M.G.L. c. 41, §81K- 81 GG and Title 16 of the Municipal Code

The land disturbance is greater than one acre within the city's limits.

The land disturbance is less than one acre but is part of a large common plan of development that will disturb more than one acre within the city.

The land disturbance is greater than 5,000 square feet and is for the development or redevelopment of a land use with "higher potential pollutant loads" as described in Standard 5 of the Massachusetts Stormwater Handbook.

Any activity that results in a land disturbance greater than 5,000 square feet and will discharge to a combined sewer.

Project Description and Information

Brief Project Description:

Construction Projections:

Start Date:

End Date:

Project Type	Land Disturbance / Impervious Area Calculations			
New Development	Anticipated Disturbed Area:			
Redevelopment	_____ Square feet (SF)			
		Current		Proposed
	Impervious Area	_____ SF		_____ SF
	Pervious Area	_____ SF		_____ SF

List of Applicable Local, State and Federal Permits

## Administration

### Application Fee

To calculate the fee, use the table below. The fee should be no less than \$500 and no more than \$1,500.

Total Proposed Land Disturbance Area	SF	x	per SF	
TOTAL				

### Application Attachments

The following are included and attached as part of this application submittal:

The City of Lawrence Stormwater Management Permit Application Checklist	Erosion and Sediment Control Plan
The Massachusetts Stormwater Handbook's Stormwater Report Checklist	Operation and Maintenance (O&M) Plan
Stormwater Management Plan	Copy of Notice of Intent to comply with the EPA's Construction General Permit

## Signatures

The applicant is fully responsible for the completion of this application and for providing all required and requested documents. Incomplete applications are unacceptable. The Board of Health strongly recommends that the petitioner/applicant/appellant seek appropriate assistance and representation for this application request. Unfamiliarity with stormwater management procedures may cause unanticipated and unnecessary delays. Representation without proper written authorization by the petitioner/applicant/appellant/landowner is unacceptable.

I hereby certify under the penalties of perjury that the foregoing Stormwater Management Application and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I further certify that all the required items from the City of Lawrence's Stormwater Management Regulations (Chapter 20.03) are included with this Stormwater Management Permit Application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Landowner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Landowner's Name \_\_\_\_\_

Representatives Signature \_\_\_\_\_

Date \_\_\_\_\_

Representatives Name \_\_\_\_\_

-----For Office Use Only-----

**Permit Number:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_