DOES THIS PROJECT INVOLVE ANY OF THE FOLLOWING:

YES

NO

DATE:
AFFECTS MORE THAN 5,000 SQUARE
DS OF MATERIAL WITHIN ANY PARCEL
AL RISE TO 100 FEET OF HORIZONTAL
JFF OR COASTAL EROSION HAZARD
NIN AS DEPICTED ON F.I.R.M. MAP OF
S OF 1000 SQUARE FEET OR MORE, DNTROL PLAN WAS RECEIVED BY THE FIMPERVIOUS SURFACES.
PPLICANT SECTION BELOW WITH NUMBER. THIS DOES NOT APPLY TO
COPIES OF A STORMWATER PARTMENT WITH YOUR BUILDING

STORMWATER MANAGEMENT WORKSHEET

		CLEARING, GRUBBING, GRADING OR STRIPPING OF LAND WHICH AFFECTS MORE THAN $5{,}000$ SQUARE FEET OF GROUND SURFACE.
		EXCAVATION OR FILLING INVOLVING MORE THAN 200 CUBIC YARDS OF MATERIAL WITHIN ANY PARCEL OR CONTIGUOUS AREA.
		SITE PREPARATION ON SLOPES WHICH EXCEED 10 FEET VERTICAL RISE TO 100 FEET OF HORIZONTAL DISTANCE.
		SITE PREPARATION WITHIN 100 FEET OF WETLANDS, BEACH, BLUFF OR COASTAL EROSION HAZARD AREA.
		SITE PREPARATION WITHIN THE ONE-HUNDRED-YEAR FLOODPLAIN AS DEPICTED ON F.I.R.M. MAP OF ANY WATERCOURSE.
		INSTALLATION OF NEW OR RESURFACED IMPERVIOUS SURFACES OF 1000 SQUARE FEET OR MORE, UNLESS PRIOR APPROVAL OF A STORMWATER MANAGEMENT CONTROL PLAN WAS RECEIVED BY THE TOWN AND THE PROPOSAL INCLUDES IN-KIND REPLACEMENT OF IMPERVIOUS SURFACES.
YOUR		RED NO TO ALL THE QUESTIONS ABOVE, STOP! COMPLETE THE APPLICANT SECTION BELOW WITH IGNATURE, CONTACT INFORMATION, DATE AND COUNTY TAX MAP NUMBER. THIS DOES NOT APPLY TO T.
MANA		RED YES TO ONE OR MORE OF THE ABOVE, PLEASE SUBMIT <u>TWO</u> COPIES OF A STORMWATER PLAN AND A COMPLETED CHECKLIST FORM TO THE BUILDING DEPARTMENT WITH YOUR BUILDING CATION.
App	licant	
	TAX M	IAP 1001 SECTION: BLOCK: LOT:
NAME:		TELEPHONE:
		(SIGNATURE)
Prop	erty A	Address/Location of Construction Work
For)	al Use
	WED BY:	DATE:
	WED BY:	