

# **West Caln Township**

721 W. Kings Highway P.O. Box 175 Wagontown, PA 19376 (610) 384-5643 Fax (610) 384-9035

## APPLICATION FOR STORMWATER MANAGEMENT/ EROSION AND SEDIMENTATION CONTROL REVIEW

PERMIT APPLICATION DATE:			APPLICATION #					
PROPERTY INFORMATI			D I M.					
Owner(s) Owner Address Site Address			Zoning District Total Lot Area					
					Phone	Fax		Email
					_	•	ling □ Duplex/Multi Family □ Bu 	ilding Lot □ Commercial Property
IMPROVEMENT TYPE(S	)							
		<ul><li>☐ Residential Swimming Pool</li><li>☐ Commercial Addition</li></ul>	n					
	n 2000sf of ne	of new impervious coverage or 500 w impervious coverage or 5000sf of	•					
Estimated Start Date: _		Estimated Completion	Date:					
TYPE OF STORMWATER	R PLAN PROPO	OSED						
<ul><li>☐ Infiltration Trench(s)</li><li>☐ Rain Barrels or Cister</li></ul>		oretention/Rain Garden	harge Bed/Dry Well					
ENGINEER / ARCHITECT	ि (if applicable	r)						
/			Phone No					
Engineer / Architect								
Mailing Address		City	ST Zip					
			STZip					
Mailing Address		Fax						
Mailing Address	MPANY THIS	Fax APPLICATION						
Mailing Address Email  DOCUMENTS TO ACCO	MPANY THIS (	FaxFaxFaxFaxFaxFaxFall Engineere						

Owner(s)	Parcel No	App#	
TOTAL IMPERVIOUS COVERAGE WORKSHEET			
Total Sq. ft. of lot:	Sq. ft. of footprint home:		
Sq. ft. of driveway:			
Sq. ft. of detached garage:	<del></del>		
Sq. ft. of sidewalks:			
Sq. ft. of decks:	Ca ft of nore	<u></u>	
Sq. ft. of other:	ldentify "othe	er":	
PROPOSED SQUARE FEET OF NEW IMPERVIOL	US COVERAGE:		
		<del></del>	
CERTIFICATION			
official property lines for required setbacks prior to the and federal laws governing the execution of this project authority to enter the areas in which this work is bein governing this project. I further certify that this inform Cons. Stat. § 4903.  I certify that I have received and understand the in Application Package and Supplemental Information	ect. I certify that the Code offing performed, at any reasonal mation is true and correct to formation provided in the N	ficial or his representative shall have the able hour, to enforce the provisions of the Codes the best of my knowledge and belief. <i>Ref. 18 Pa.</i>	
Applicant Signature:	Date:		
Print Name:			
ADMINISTRATIVE USE ONLY			
Township Review Completed:	Application	Sent to Engineer:	
STORMWATER PLAN ISAPPROVED	DENIED		
ENGINEER NOTES			
-			
TOWNSHIP ENGINEER SIGNATURE			
ENGINEER NAME/FIRM (PRINT)		DATE	
ADDITIONAL CONDITIONS/ATTACHMENTS	NOYES, PLEA	ASE SEE ATTACHED	
SCHEDULING INSPECTIONS: The applicant, hours prior to the start of work to schedule reversal of work in order to properly inspect	an inspection of the cons	struction. Failure to do so may result in a	



## **West Caln Township**

721 W. Kings Highway P.O. Box 175 Wagontown, PA 19376 (610) 384-5643 Fax (610) 384-9035

#### **COMPLETING THE APPLICATION**

Complete the Application for Stormwater Management. For projects requiring an engineered designed & stamped plan, this application will accompany or be sent independently of the plan. For projects requiring only the Simplified Plan, this application should be submitted with a site plan, a plan design, and the recharge bed sizing worksheet. The recharge bed sizing worksheet and a standard plan design can be found in the Stormwater Management Explanation & Summary document you obtain on our webpage or at the township office.

### **FEES AND INSPECTIONS**

Stormwater Management Plans require the review and approval of the West Caln Township Engineer. On-site inspections of the implementation of the Plan are also required. The costs affiliated with the review and inspection(s) are the sole responsibility of the applicant. Applicants will be invoiced by West Caln Township for the actual engineering expenses after the final inspection is completed. Please plan for these expenses.

Per West Caln Township Stormwater Management Ordinance Article VI, Section 602

#### STORMWATER OPERATION & MAINTENANCE AGREEMENT

Upon Stormwater Management Plan approval, West Caln Township will provide you with a completed *Stormwater Operation & Maintenance Agreement*. You will need to have your signature on this agreement notarized. The Agreement will then be filed with your property deed through the Chester County Recorder of Deeds. The Township can file this form on your behalf.

Per West Caln Township Stormwater Management Ordinance Article VII, Section 703

### **SCHEDULING INSPECTIONS**

The applicant / contractor must contact the Engineer's office a minimum of 48-hours prior to the start of work to schedule an inspection of the construction. Failure to do so may result in a reversal of work in order to properly inspect the site.

#### SUSPENSION OF APPROVAL

Any building, land development, or other permit or approval issued by the Municipality may be suspended or revoked by West Caln Township for:

- 1) Noncompliance with or failure to implement any provision of the permit or approved SWM Site Plan or O&M Agreement;
- 2) A violation of any provision of the Stormwater Ordinance any other law or regulation applicable to the Regulated Activity;
- 3) The creation of any condition or the commission of any act during the Regulated Activity that constitutes or creates a hazard or nuisance, or endangers the life, health, safety, or property of others;
- 4) Failure to correct a violation within the allowed time period allowed per notice given by West Caln Township.

Per West Caln Township Stormwater Management Ordinance Article IX, Section 904