

Springfield Township — Bucks County, Pennsylvania www.springfieldbucks.org • info@springfieldbucks.org • 610-346-6700 ext. 10

CASH OR SEPARATE CHECKS ONLY FILING FEE \$100.00 PLAN REVIEW ESCROW: \$750.00

STORMWATER MANAGEMENT PLAN APPLICATION

A COMPLETE APPLICATION MUST INLUDE FILING FEE, ESCROW, AND THREE (3) SETS OF PLANS/DOCUMENTS				
PROPERTY / SITE INFORMATION:				
SITE ADDRESS:		TAX MAP	PARCEL #: 42 -	
CITY:	STATE: PA	ZIP:	☐ RESIDENTIAL 〔	☐ COMMERCIAL
NAME OF SUBDIVISION (IF APPLICABLE):			LOT SIZE:	
CONTACT INFORMATION				
PROPERTY OWNER NAME(S):			PHONE:	
APPLICANT (IF NOT OWNER):			PHONE:	
MAILING ADDRESS:	CITY:		STATE: ZI	P:
EMAIL:	MAY W	EMAIL YOU REGAR	RDING THIS APPLICATION	I? ☐ YES ☐ NO
ENGINEER OR DESIGNER:			PHONE:	
LIST ALL IMPERVIOUS SURFACES LOCATED ON THIS PROPERTY				
As defined in the Springfield Township Code of Ordir infiltration of water into the ground. Impervious surfa living spaces, patios, garages, storage sheds and simi and driveway areas are not counted as impervious ar	ices (or area lar structure	s) shall include, but no s; and any new street	ot be limited to: roofs; addit s or sidewalks. Decks, parki	ional indoor ing areas,
HOUSE FOOTPRINT	SQFT	GARAGE		SQFT
DRIVEWAY/PARKING	SQFT	POLE BARN		SQFT
WALKWAYS/SIDEWALKS	SQFT	SHED		SQFT
PORCH	SQFT	POOL		SQFT
DECK	SQFT	MISCELLANEOUS/	OTHER	SQFT
TOTAL AMOUNT OF EXISTING IMPERVIOUS SQFT: PERCENTAGE (SQFT IMPERVIOUS ÷ LOT SIZE):				
LIST ALL PROPOSED STRUCTURES/IMPERVIOUS SURFACES				
TYPE OF DEVELOPMENT PROPOSED:	☐ RESIDEN	ΓIAL COMMERCIA	AL 🗖 INDUSTRIAL 🗖 OTH	HER
1. SQFT:		2.	SQFT	<u>:</u>
3. SQFT:		4.	SQFT	·:
TOTAL AMOUNT OF PROPOSED IMPERVIOUS SQFT:		PROPOSED TO	OTAL PERCENTAGE:	
MINIMUM DISTANCE BETWEEN PROPOSED IMPERVIO	OUS SURFAC	E AND NEAREST DOW	NSTREAM PROPERTY BOU	NDARY: FT
EXEMPTION OF STORMWATER MANAGEMENT ORDII	NANCE REQI	JIREMENTS REQUEST	ED? YES NO	
APPLICANT CERTIFICATION — INITIALS & SIGNATURE REQUIRED BY APPLICANT OR AGENT				
THREE (3) COPIES OF PLAN		On this date,	, I hereby certify tha	
THIRE (5) COITES OF STORWWATER NAMED		my knowledge, this Information is true and correct.		
CALCULATIONS (SIGNED & SEALED BY RESPONSIBLE I		PRINTED NAME OF A	APPLICANT OR AGENT:	
THREE (3) COPIES OF ONSITE SOIL TEST RESULTS (CERTIFIED BY RESPONSIBLE SOIL SCIENTIST FOR FEASIBILITY OF USE OF INFILTRATION STORMWATER MANAGEMENT FACILITIES)		SIGNATURE OF APPLICANT OR AGENT:		
THREE (3) COPIES OF ENGINEER'S OPINION BLE COST FOR DETERMINING THE PERFORMANCE OF		FILING FEE CK #:	PLAN REVIEW ESC	ROW CK#: