



CITY OF ST. CHARLES STORMWATER MANAGEMENT PERMIT APPLICATION

Applicant

Name _____
 Company _____
 Address _____
 City, State ZIP _____
 Telephone No. _____
EMAIL _____

Owner

Name _____
 Company _____
 Address _____
 City, State ZIP _____
 Telephone No. _____
EMAIL _____

Developer

Name _____
 Company _____
 Address _____
 City, State ZIP _____
 Telephone No. _____
EMAIL _____

Project Information:

Address of Development _____
 Legal Description
 (attach if necessary): _____
 Parcel Identification
 Number(s) (PIN): _____
 Project Name _____
 Area of Disturbance/
 Land Cover Change (Acre) _____

Stormwater Management Table (9-81) (see Worksheet)	<input type="checkbox"/> Impervious Area installed between Jan. 1, 2002 and present	_____ sq ft
	<input type="checkbox"/> New Impervious Area (proposed with this application)	_____ sq ft
	<input type="checkbox"/> Existing Impervious surface to be removed	_____ sq ft
	<input type="checkbox"/> Net (New) Impervious Area	_____ sq ft

CITY OF ST. CHARLES

STORMWATER MANAGEMENT PERMIT APPLICATION

Project Narrative:

Attachments submitted as part of this Permit Application:

Required Items	Included (Y/N)?	Details (If not included, please explain)
Plan Set		

As Required (see Worksheet):	Included (Y/N)?	Details (If not included, please explain)
Stormwater Submittal		
Stormwater Mitigation/BMP/WBM Submittal		
Floodplain Submittal		
Wetland Submittal		
Performance Security Submittal		
Engineer's Estimate of Probable Cost		
Maintenance Schedule & Funding Submittal		
Subsurface Drainage Investigation Report		
Transportation Approval / Concurrence		
Copies of other relevant permits or approvals (include applications if permits have not been issued)		
Copy of a completed Joint Application form with transmittal letters to the appropriate agencies (wetland or floodplain submittal).		

I hereby certify that all information presented in this application is true and accurate to the best of my knowledge. I have read and understand the Kane County and City of St. Charles Stormwater Management Ordinance, and fully intend to comply with its provisions.

Signature of Developer

Date

I have read and understand the Kane County and City of St. Charles Stormwater Management Ordinance, and fully intend to comply with its provisions.

Signature of Owner

Date

FOR OFFICE USE ONLY		
The site contains the following special management area(s):		
<u>Floodplain</u>	<u>Floodway</u>	<u>Wetlands</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above are checked "Yes," additional submittals may be required.		
<i>This is the opinion of the City of St. Charles Development Engineering Division</i>		
Name:	QERS Exp. Date:	
Signature:	Date:	