

CITY OF BLOOMINGTON UTILITIES

600 E Miller Drive, Bloomington, IN 47401 www.bloomington.in.gov/utilities/review

Stormwater Management Permit Application

Project Location/Address:	
Latitude and Longitude:	<u> </u>
Scope of Project:	
Property Owner:	Contractor:
Address:	
Phone:	Phone:
Contact:	
Email:	
Plan Preparation Firm:	CBU STAFF USE ONLY
Address:	
	Permit Fee: \$
Phone:	Date complete app received:
Contact:	<u> </u>
Email:	<u> </u>
Total acreage of disturbance (to 10 th of an a Submittal Checklist:	acre):
Submit One (1) PDF Copy of comple Manual (link) for details.	ete set of plans (plans must be drawn to scale). Refer to Stormwater Design
Drainage Report	
Draft Operation and Maintenance Ma	anual
Performance Bond Estimate	
SWPPP/Erosion and Sediment Contr	ol Plan

Erosion and Sedimentation Control Responsibility

I agree to comply with all applicable erosion and sedimentation control requirements, including but not limited to, Title 13 of the Bloomington Municipal Code, the Construction Site General Permit issued by the Indiana Department of Environmental Management, and the City of Bloomington's Stormwater Design Manual. I designate myself the



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responsible party for all erosion and stormwater best management practi	,	g final stabilization and post construction
(Signature of Responsible Party)	(Print Name, Company)	(Date)
Certification		
of the requirements and conditions of permit application or any associated	of a permit issued pursuant to this app	nformation above is correct, and I shall meet all lication. If there is any misrepresentation in thi lities may revoke said permit based upon this including inspection fees.
(Signature of Responsible Party)	(Print Name, Company)	(Date)