



## Clarion County Small Project Stormwater Management Application

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Municipality \_\_\_\_\_

Email \_\_\_\_\_

Tax Map # \_\_\_\_\_

Project Description \_\_\_\_\_

Please check one: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Agricultural

<b><i>To Calculate Proposed New Impervious Surfaces, Please Complete This Table.</i></b>					
<b>Proposed New Surface Type</b>	<b>Length</b>	<b>X</b>	<b>Width</b>	<b>=</b>	<b>Proposed Impervious Area</b>
Buildings		X		=	
		X		=	
		X		=	
		X		=	
Driveways		X		=	
		X		=	
Parking Areas		X		=	
		X		=	
Patios/Walks		X		=	
		X		=	
Other		X		=	
		X		=	
<b>Total New Impervious Surface Area to be Managed (sum of all areas)</b>					

**If the Total New Impervious Surface Area is LESS THAN 5,000 SQUARE FEET,  
Read, Acknowledge and Sign Below.**

I declare that I am the owner or owner's legal representative and acknowledge by my signature below that the information provided is accurate and submission of inaccurate information may result in a stop work order or permit revocation. I further acknowledge that employees of Clarion County and/or the municipality are granted access to the above described property for review and inspection as may be required.

Although I have provided this completed form and the project map, I acknowledge Clarion County and/or the municipality may request additional reporting and/or management should public health or safety or property or the environment be threatened.

**If the Total New Impervious Surface Area is GREATER THAN 5,000 Square Feet,  
Please Refer to the Clarion County Stormwater Management Ordinance for Required Information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Reviewed and Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**CLARION COUNTY SMALL PROJECT STORMWATER MANAGEMENT PROJECT MAP**

