Clarion County
Small Project Stormwater Management Application

Name _____   Phone Number _____

Mailing Address _____   Municipality _____

Email _____   Tax Map # _____

Project Description _____

Please check one: _____ Residential   _____ Commercial   _____ Agricultural

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

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: _____

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Small Project Stormwater Management project map