

CLARION COUNTY STORMWATER MANAGEMENT SINGLE FAMILY EXEMPTION

In addition to completing a Small Project Stormwater Management the following questions:	Application, please answer			
1) Will stormwater be discharging onto neighboring propert	ry? Yes No			
If yes, please attach easement.				
2) Is building setback 75 feet from downstream property lir	nes? Yes No			
3) Is driveway, sloped, crowned, etc. to discharge stormwa	iter? Yes No			
Please attach a project map showing, at a minimum:				
Dimensions and approximate locations of all proposed impe	rvious areas			
Distances from proposed impervious areas to neighboring pr	roperty lines			
Directional arrows showing flow path				
Driveway surface material	Streams			
Road Names and Number	North Arrow			
or stormwater management measures may be requested for any that employees of Clarion County and/or the municipality are gra review and inspection as may be requi	rea.			
Tax Map Number Municipality				
Owner	Parcel Acreage			
Address	Phone			
	Date			
FOR OFFICIAL USE ONLY				
Based upon the information you have provided on the Single Family Exemption form, the Small Project Stormwater Management Application and the project map, a Stormwater Management Site Plan is NOT required for this regulated activity.				
Date				



Reviewed and Approved By:

Clarion County Small Project Stormwater Management Application

Name		Name			Phone Number				
Mailing Address				ınicipalit	ty				
mail			Tax	x Map #	<u> </u>				
Project Description									
Please check one:	Residential		Commerc	ial	Agricultural				
To Calculate P	roposed New Imp	ervious	Surfaces, Plea	ase Co	mplete This Table.				
Proposed New Surface Type	Length	x	Width	=	Proposed Impervious Area				
Buildings		х		=					
		х		=					
		х		=					
		х		=					
Driveways		х		=					
		х		=					
Parking Areas		х		=					
		х		=					
Patios/Walks		х		=					
		x		=					
Other		х		=					
		x		=					
Total New Impervious	Surface Area to be	Manage	d (sum of all ar	eas)					
			•	-					
If the Tota	New Impervious S			•	00 SQUARE FEET,				
dealess that I am the accord		_	e and Sign Bel						
	rate and submission o	f inaccura	te information m	ay resul	t in a stop work order or permit				
evocation. I further acknov bove described property for	rledge that employees rreview and inspection	of Clarior n as mav	n County and/or to be required.	the mun	icipality are granted access to the				
lthough I have provided thi	·	•	•	vledae C	larion County and/or the				
nunicipality may request add	ditional reporting and/	or manag	ement should pu	blic hea	Ith or safety or property or the				
	New Impervious Su								
<u>Please Refer to the C</u>	larion County Storn	<u>ıwater M</u>	<u>anagement Or</u>	<u>dinance</u>	e for Required Information.				
Signature	ı	Print Name			Date				
		ND OFFICE	LUCEONIX						
	FC	JK UFFICIA	L USE ONLY						

Date: __

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