



DEPARTMENT OF PUBLIC WORKS

BUREAU OF STORMWATER

Address: 120 North Duke St. / P.O. Box 1599, Lancaster, PA 17608

Phone: (717) 291-4764 / E-mail: Stormwater@cityoflanasterpa.gov

Webpage: www.CityofLancasterPA.gov/Stormwater/

VERY SMALL STORMWATER PROJECT APPLICATION

UNDER 100 SQUARE FEET NEW IMPERVIOUS AREA/UNDER 1,000 SQUARE FEET LAND DISTURBANCE

ALL INFORMATION BELOW IS REQUIRED

Complete and please return, attach 1 copy of site plan on 8.5x11 sized stationary or a digital copy to City of Lancaster Stormwater Bureau. **No fee is required.**

PROPERTY OWNER INFORMATION

Project Address _____

Property Owner's Name _____

Owner's Mailing Address _____

Property Owner's Phone/Fax _____ Property Owner's Email _____

Name and Mailing Address of **Contractor** That Prepared Stormwater Management Plan: _____

Contractor's Phone/Fax _____ Contractor's Email _____

1. TYPE OF PROPOSED DEVELOPMENT: Please chose one of the following

(a) Residential: **(b) Non- Residential: (commercial, industrial, institutional)**

New addition Patio/deck Driveway/parking pad Sidewalk Garage/shed Grading
Demolition Other

Detailed Description: _____

2. PROJECT SITE INFORMATION:

(a) Dimensions (Length and width, in feet) /area (square feet) of proposed impervious area:

_____ **(b) Dimensions (Length and width, in feet) /area (square feet) of proposed earth disturbance (Grading):**

(c) Site Plan: Please provide sketch plan showing location and dimensions of proposed impervious area, earth disturbance, or other regulated activity, and its relation to existing features (e.g., buildings, fence, property lines).

By signing below, I hereby certify and affirm I am the property owner and that the information contained in the application is true and accurate to the best of my knowledge. I acknowledge that no person shall modify, remove, fill, landscape or alter any stormwater management BMPs, facilities, areas, or structures without the written approval of the City of Lancaster. I understand that false information may result in a notice of violation or revocation of any associated permits. I also understand that City representatives may enter my property to investigate or ascertain the condition of the stormwater management facilities on my property.

Property Owner's/Agent Signature

Date

City Use Only: Application Number _____ Date Received _____

Approvals: Zoning ___ Historic ___ Planning ___ Engineering ___ Stormwater ___