



RIVERDALE CITY CORPORATION

Storm Water Land Disturbance Permit

Base Permit Fee: \$75.00

Applicant Information:

Applicant:	Date of Application: _____	Applicant Status
Name: _____		Owner <input type="checkbox"/>
Address: _____	State/Zip: _____	Contractor <input type="checkbox"/>
Phone: _____	Email: _____	Other: _____
Co-permittee (if applicable)		Applicant Status
Name: _____		Owner <input type="checkbox"/>
Address: _____	State/Zip: _____	Contractor <input type="checkbox"/>
Phone: _____	Email: _____	Other: _____

Description of Land Disturbance:

Site Address: _____	Construction Site Area: _____ acres
Construction Start Date: _____	Total Disturbed Area: _____ acres
Construction completion Date: _____	Map Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
New construction to storm drain: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Structural Controls: Detention <input type="checkbox"/> Retention <input type="checkbox"/> LID <input type="checkbox"/>	
General Description (type of construction, activities, sequence of work, etc.):	Plans Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

Best Management Practices:

Indicate proposed Best Management Practices (BMP's) to control sediment and erosion and to reduce pollutants in Storm Water discharges. Check all that apply:

Dust Control <input type="checkbox"/>	Silt Fence <input type="checkbox"/>	Covered Stockpiles <input type="checkbox"/>
Vehicle Wash Area <input type="checkbox"/>	Straw Bale Barrier <input type="checkbox"/>	Geotextiles/Mulching <input type="checkbox"/>
Concrete Waste Management <input type="checkbox"/>	Check Dams <input type="checkbox"/>	Erosion Control Blanket <input type="checkbox"/>
Sediment Ponds <input type="checkbox"/>	Berms or Ditches <input type="checkbox"/>	Vegetation/Landscaping <input type="checkbox"/>
Structural Controls <input type="checkbox"/>	Storm Drain Inlet Protection <input type="checkbox"/>	Other (Describe below) <input type="checkbox"/>

Other BMP's _____

Approval:

Date Issued:	By:
Special conditions:	
Water Quality Report Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approval Date: _____
SWPPP Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approval Date: _____
NOI (State Permit) Yes <input type="checkbox"/> No <input type="checkbox"/>	Approval Date: _____
High Priority Site Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other: _____	