

**Town of Stockbridge**  
**Stormwater Management and Erosion Control Permit Application**

To Be Completed by Planning Board Staff:

Date of Receipt of Application: \_\_\_\_\_

If Initial Application is Incomplete, Date of Receipt of Complete Application: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Assessors' Map # \_\_\_\_\_, Lot # \_\_\_\_\_

For Recorded Land, Book and Page of Deed: \_\_\_\_\_

For Registered Land, Certificate of Title No.: \_\_\_\_\_

Owner(s) of Property: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

For any owner that is an entity (e.g., LLC, corporation, trust), provide name and title of individual authorized to sign for the entity (attach additional sheets as necessary):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Regulated Activity (Check All That Apply to Project):

\_\_\_\_\_ Land disturbance of 10,000 square feet or more

\_\_\_\_\_ Increase in impervious surface of more than 2,000 square feet

\_\_\_\_\_ Storage or permanent placement of more than 100 cubic yards of excavated material, fill, snow, or ice

\_\_\_\_\_ Alteration of a steep slope

Checklist of Attachments:

\_\_\_\_\_ Project description

\_\_\_\_\_ Site description including soil conditions, slopes, and vegetation coverage for each sub-drainage area

\_\_\_\_\_ Hydrologic calculations comparing pre- and post-construction conditions for the following design storms: 2, 10, 25 and 100 year return intervals (with description of the methodology used and runoff curve numbers for each sub-drainage area)

\_\_\_\_\_ Plans of storm water mitigation measures designed and stamped by a registered professional engineer (see bylaw for design criteria)

\_\_\_\_\_ Operation and Maintenance Plan for all permanent stormwater management systems to be constructed

Signatures of Applicant and Owner(s):

I hereby certify that the information in this application and attachments and plans submitted herewith is correct to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

I hereby attest that I have knowledge of, and give my consent to, this application.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner of Record (add lines for each additional owner)

\*\*If possible, submit this application electronically in a readily accessible format along with one (1) hard copy. If it is not reasonably feasible to submit the application electronically, submit eight (8) hard copies.\*\*