



## STORM WATER PERMIT APPLICATION

**Permit #:** \_\_\_\_\_

Location of Improvement	
Street Address	
Projected Start Date	

Project Contact			
Project Owner Name			
Project Owner Address	City	State	Zip
Primary Phone	E-mail		

Engineer/Surveyor			
Engineer/Surveyor Name			
Engineer/Surveyor Address	City	State	Zip
Primary Phone	E-mail		

Engineer/Surveyor			
Builder/Contractor Name			
Builder/Contractor Address	City	State	Zip
Primary Phone	E-mail		

Type of Improvement		
Type of Structure	Pond or Swale	Use of Proposed Structure
<input type="checkbox"/> Principle <input type="checkbox"/> Accessory <input type="checkbox"/> Garage <input type="checkbox"/> Storage <input type="checkbox"/> Parking (Concrete/Asphalt) <input type="checkbox"/> Other (specify) _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Maintenance <input type="checkbox"/> Other (specify) _____ _____	<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Two-Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify) _____ _____

**Characteristics of the Structure**

Total Area (sq. ft.)	Total Impervious Area (sq. ft.)	Total Disturbed Area (sq. ft.)
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**Permits & Approvals**

<input type="checkbox"/>	Indiana State Release of Plans	<input type="checkbox"/>	Sanitary Tap Fee
<input type="checkbox"/>	IDEM	<input type="checkbox"/>	Zoning Variance
<input type="checkbox"/>	IDNR	<input type="checkbox"/>	Zoning Amendment

**Floodplain Data**

Elevation of the 100 year flood (ft)	Lowest floor elevation (ft)
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**AFFIDAVIT OF APPLICATION**

1. Work may not be started before a permit has been issued and posted, or available on site.
2. The permit will be considered VOID if work has not begun within 60 days of issuance.
3. The permit must be posted on site in a conspicuous location, visible from the street, and must remain in place during the entire period of construction.
4. If any changes or deviations are made from the original application, the Planning Department must be notified immediately.
5. The undersigned is responsible for erosion and sediment control plan.
6. The undersigned agrees to comply with 327 IAC 15-5 for any land disturbing activities.
7. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable government ordinances, codes or laws. In addition, any omission or misrepresentation of fact, with or without intention of the undersigned, or any alteration or change from revocation of any permit issued which was based on the approval of this application.
8. The Town of Whiteland does not have the authority to enforce subdivision covenants or local homeowners association covenants.

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*Applicant's Name (Printed)*


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*Applicant's Signature*


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*Date*
**OFFICE USE ONLY**

Permit Fee	Date Received	
Receipt Number	Date Issued	
Permit Number	Date Denied	
Signed	Title	Date
Comments		