



Towamensing Township
120 Stable Road, Lehighon PA 18235
Phone: 610-681-4202, Fax: 610-681-3700
Email: info@towamensingtownship.com

APPLICATION FOR ON-LOT STORMWATER MANAGEMENT FACILITY

Applicant _____ Phone No. _____

Property Address _____

Mailing Address _____

Area of Building Roof(s), including overhangs = _____ Square Feet

Area of Driveway, including turn-around and parking area = _____ Square Feet

Type of Facility(ies) Proposed

- Drywell
- Shallow Surface Recharge Basin
- Infiltration Trench
- Bioretention Cell (Rain Garden)
- Infiltrator Chamber System
- Other: _____

Plot Plan

Provide plot plan of property showing the following information.

1. Property line.
2. Buildings, including dimensions to verify area.
3. Sewage facilities (i.e. tanks, seepage beds, etc.).
4. Wells and springs.
5. Driveways, including dimensions to verify area.
6. On-lot stormwater management facility(ies), including types and dimensions.
7. Reference to north.

Applicant's Signature _____ Date _____

Township Engineer

Date Received: _____

SWM Permit #: _____

Application Action:

Returned for Correction: _____

Approved for Construction: _____

SWM Permit Expiration Date: _____

Facility Type: _____ Final Inspection: _____

Facility Type: _____ Final Inspection: _____

Facility Type: _____ Final Inspection: _____

Facility Type: _____ Final Inspection: _____