



## DETAILED SEDIMENT AND STORMWATER MANAGEMENT PLAN APPLICATION

NAME OF PROJECT: \_\_\_\_\_  
PROJECT DESCRIPTION: \_\_\_\_\_  
LOCATION OF PROJECT: \_\_\_\_\_  
PROJECT TAX MAP NUMBER: \_\_\_\_\_  
PROJECT COORDINATES (*center of site-decimal degrees*) LAT: \_\_\_\_\_ LONG: \_\_\_\_\_  
TYPE OF PROJECT: \_\_\_\_\_ WATERSHED: \_\_\_\_\_  
NUMBER OF LOTS: \_\_\_\_\_ TOTAL ACRES: \_\_\_\_\_ DISTURBED ACRES: \_\_\_\_\_

### APPLICANT'S CONTACT INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### CONSULTANT CONTACT INFORMATION

CONSULTANT/ENGINEER NAME: \_\_\_\_\_  
CONTACT PERSON/PROJECT MANAGER: \_\_\_\_\_  
PHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### SUSSEX CONSERVATION DISTRICT APPROVAL

REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

*If ownership of this project changes during the construction period, Sussex Conservation District will require a new signed owner's certification statement.... In addition, the authorization to discharge stormwater under the regulations Part 2 Special Conditions for Storm Water Discharges Associated with Construction Activities, must be transferred by the original owner to the new owner, please contact DNREC for assistance at 302-739-9921.*

OWNER/DEVELOPER CERTIFICATION

- I/We certify that the information on this form and the attached plans are true and accurate to the best of my/our knowledge.
- I/We understand that DNREC/Delegated Agency may request information in addition to that set forth herein as may be deemed appropriate in considering this application.
- I/We will abide by the conditions of this approval as issued.
- I/We hereby certify that all clearing, grading, construction and/or development will be done pursuant to the approved plan, and that all responsible personnel involved in the land disturbing activities will have a Sediment and Stormwater Management Certification from DNREC/Delegated Agency.
- I/We hereby authorize the right of entry for periodic on site inspection by DNREC/Delegated Agency personnel and/or authorized agents.

OWNER/DEVELOPER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER/DEVELOPER PRINTED NAME: \_\_\_\_\_

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AGENT AUTHOIZATION

*(If this authorization form is completed with the application, all future correspondence may be signed by the duly authorized agent.)*

I, \_\_\_\_\_, hereby designate and authorize the following identified agent to act on my behalf in the processing of this application and to furnish any information that is requested.

AGENT NAME: \_\_\_\_\_

AGENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGENT PHONE #: (    ) \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER/DEVELOPER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please attach project Supplemental BMP Data Sheet to the Detailed Sediment and Stormwater Management Plan Application.

### **PROJECT BMP DATA SHEET**

List the BMP(s) utilized in the project stormwater management quantity and water quality strategy.

BMP NAME	BMP TYPE	ACRES TREATED	BMP LOCATION COORDINATES (@ BMP release point - decimal degrees)	
			LATITUDE	LONGITUDE