APPENDIX D EXEMPT PROJECT APPLICATION

File Number	Date Received _	
Submitted Fees \$	Approval of Application Da	nte
Project Street Address		
Project Name:		
Project Description:		
Owner's Name and Addres	ss:	
Phone# / Fax# / Email:		
Please list the date of any previous Exempt or Small Project Applications for the subject property:		
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Proposed Activity:		
Removal of ground cove	r, grading, filling or excavation of an area less than 5,000 squar	e feet
Total area of land disturbance: sq. ft.		
Type of Regulated Activity (check all that apply):		
Grad		
		•
Addition of Impervious Su	urface (1,000 SF or less)	
Type of new impervio	ous surface: I□driveway, □shed, □garage, □ deck, □wal	kway,
[_pther (describe)		
_		
Total new impervious	surface proposed for construction:	sq. ft.
. –	sting impervious as part of this project?	
[∟JNo [□Yes – Tota	al area of existing Impervious to be removed	sq. ft.
Net impervious surfac	e proposed for construction:	sq. ft.

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Check all items below that will be impacted by the project: Floodplain		
Proposed Stormwater Management Controls (Best Management Practice): Rain Garden Infiltration Trench Cistern Rain Barrel Other (describe)		
Sketch Provide a sketch of the proposed additional impervious area and/or land disturbance. Include the following on the sketch: • Property boundary • Location and approximate footprint of existing structures (buildings, patios, driveways, etc.) • Approximate location of any of the following features which will be impacted by the project: Mature trees Alternate septic drain fields Sinkholes Creeks, streams, wetlands, ponds Water wells Existing stormwater management facilities Septic drain fields (basins, swales, etc.) • Location and approximate footprint of proposed impervious area or land disturbance. • Approximate footprint and location of all structures on adjacent properties if located within fifty feet (50') of the proposed impervious area or land disturbance • Location and description of proposed stormwater management facilities (e.g. rain gardens, swales, rain barrels, etc.)		
 Direction of proposed stormwater discharge (e.g. with arrows) Scale and north arrow Person/Firm to be completing work:		
Phone# / Fax# / Email: Name of Person Submitting this Application:		
Signature:		
Date:		

Please be advised that each application is reviewed on a case by case basis. Your application may require a different classification (Small storm water application).