



The Town of Barnstable

Department of Public Works

382 Falmouth Road, Hyannis, MA 02601
508.790.6400



Daniel W. Santos, P.E.
Director

Robert R. Steen, P.E.
Assistant Director

Stormwater Management Permit Application

A. General Information

1. Project Location:

a. Street Address

b. Village

c. Zip Code

d. Assessors Map/Plat Number

e. Parcel

2. Property recorded at the Registry of Deeds for:

a. County

b. Certificate # (if registered land)

c. Book

d. Page Number

3. Applicant:

a. First Name

b. Last Name

c. Organization

d. Street Address

e. City/Town

f. State

g. Zip Code

h. Phone Number

i. Fax Number

j. Email Address

4. Property Owner (required if different from applicant):

Check and attach list if more than one owner

a. First Name

b. Last Name

c. Organization

d. Street Address

e. City/Town

f. State

g. Zip Code

h. Phone Number

i. Fax Number

j. Email Address

5. Representative (if any: Such as Engineer or Attorney):

Check and attach list if more than one owner

a. First Name

b. Last Name

c. Organization

d. Street Address

e. City/Town

f. State

g. Zip Code

h. Phone Number

i. Fax Number

j. Email Address

6. Total Area of Disturbance Permit Fee

****Check one to the nearest 0.25 acre****

1-2 acres

\$1,000

2-5 acres

\$1,250

5+ acres

\$1,500

7. **General Project Description (not to exceed 250 words):** Describe the extent of the stormwater management plan (Reference relevant drawings and reports).

B. Additional Information

1. All applicable *Stormwater Management Permit Application Checklist* materials have been completed and included with the application.

2. List the titles and dates for all plans and other materials submitted with this Stormwater Management Permit Application:

a. Plan Title _____

b. Prepared by _____

c. Signed and Stamped by _____

d. Final Revision Date _____

e. Additional Plan or Document Title _____

f. Date _____

C. Fees

1. Any application and review fees based on DPW Fee Structure have been made out to the correct party/parties.

2. Agency Check Number _____

3. Check date _____

4. Payor Name on Check: First Name _____

5. Payor Name on Check: Last Name _____

D. Signatures and Submittal Requirements

Certification of Project Design

I hereby certify under penalties of perjury that the **design presented for this Permit Plan is in conformance with the requirements of the Barnstable Stormwater Management Ordinance**. I also certify that I am familiar with the information contained in this Stormwater Management Permit application and that the accompanying plans, documents, and supporting data are to the best of my knowledge and belief true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities.

1. Signature of Applicant or Authorized Agent

2. Printed Name of Applicant or Authorized Agent

3. Date

4. Signature of Property Owner (if different)

5. Date

6. Signature of Representative (if any)

7. Date

The certification must be signed by the applicant; however, it may be signed by a duly authorized agent if this form is accompanied by a statement by the applicant designating the agent and agreeing to furnish upon request, supplemental information in support of the application

For: Stormwater Authority:

One (1) electronic copy of this application and all supporting plans and documents including the fee payment receipt shall be submitted to the Town of Barnstable Department of Public Works.