

STORMWATER AUTHORITY TEL: (781) 925-1330 253 ATLANTIC AVE HULL, MASSACHUSETTS 02045

STORMWATER MANAGEMENT APPLICATION

(Please print legibly)

Applicant:	Property Owner (or write "same"):
Name	Name
Street Address	Street Address
City State Zip	City State Zip
Contact Phone Number	Contact Phone Number
Email Address	Email Address
Signature	Signature
Property location / Address:	Assessors Map # Lot #
Total Property size:sq. feet	Assessors Map # Lot # Proposed area of disturbance: sq. feet
	Page: and/or Certificate
Project Title & Description:	
mitigate any stormwater impacts. The application sho	ding existing site conditions, proposed work and methods to buld contain sufficient information for the Stormwater ental impact, effectiveness, and acceptability of the measures ing any adverse impacts from stormwater runoff.
Application is for: (check one) New Land Disturbance Review Permit Modification of Permit #	Extension Request for Permit #
<u>Project Type (check all that apply):</u> Sing	le Family 🗌 Multi-Family 🗌 Commercial
Addition New detached building Lar	ndscaping Driveway(s); Walkway(s) Grading
Are there any steep slopes on the property (>15%))? 🗌 Yes 🗌 No
Will there be any fill brought to the site? \Box Yes	No If yes, how much fill?
Are there any wetlands within 100 feet of the prop	oosed disturbed area? 🗌 Yes 🗌 No

If yes, describe		
Are there any rivers, streams, and/or brooks within 200 feet of the proposed disturbed area? If yes, describe:		
Is the proposed disturbed area within any "Estimated or Priority Habitat of Endangered Species?		
Land Disturbance Permit Application Checklist The Stormwater Authority shall make a determination as to the completeness of the application and adequacy of the materials submitted. No review shall take place until the application has been found to be complete. The Land Disturbance Permit Application package shall include but may not be limited to the following: A completed Application Form with original signatures of all owners (two copies); A certified list of abutters within 100 feet of the property; Payment of the application and review fees		
 Stormwater Management Plan (One full size (24"x36") and one electronic (PDF) copies)shall at a minimum include: Name, address, and telephone number of all persons having a legal interest in the property and the tax reference number and parcel number of the property or properties affected Narrative describing project Plan(s) 		
 Calculations to show compliance with regulations Soil mapping and test data Completed MassDEP Checklist for Stormwater Report Erosion and Sedimentation Control Plan (One full size (24"x36") and one electronic (PDF) c opies) shall at a minimum include: Names addresses, and telephone numbers of the owner, applicant, and person(s) or firm(s) 		
 preparing the plan; Narrative describing existing and proposed conditions, construction sequencing and phasing and methods to control erosion and sedimentation during construction. Plan(s) Calculations to show compliance with regulations 		
 Operation and Maintenance Plan (One full size (24"x36") and one electronic (PDF) copies) shall at a minimum include: The name(s) of the owner(s) for all components of the system; A map showing the location of the stormwater systems and facilities; Maintenance Agreement with the Stormwater Authority; and Stormwater Management Easement(s) 		
 Color Photographs of the site Authorization Form (if applicable) Land Disturbance Form Application Fee Public Hearing Notice Fee Abutters List obtained from the Assessors Department 		

*see Stormwater Management Regulations for information regarding plan requirements

The below section is to be filled out by the Stormwater Authority or their designee:

Date Received by the Stormwater Authority/designee: _____

Signed*: _

*signature does not constitute a complete application.





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AUTHORIZATION FORM To Represent Property Owner(s)

(Please print legibly)

Date:

To: **Town of Hull**

I/we, the undersigned owner(s) grant full permission to: **APPLICANT(S) / AUTHORIZED REPRESENTATIVE(S):**

Name	Name
Street Address	Street Address
City/State/Zip	City/State/Zip
Phone Number	Phone Number
Email	Email

Email

to act as our agent and hereby authorize this representative to take any action, including but not limited to paying consultant fees, agreeing to conditions set by any applicable Board or Commission, signing agreements and/or extending deadlines. This agent has my/our full permission to submit applications, present plans, submit requirements and speak on my/our behalf with regard to:

PROPERTY LOCATED AT:	, Hull, MA
Assessors ID Map # Lot #	
OWNER(S)	
	Street Address
Name	
	City/State/Zip
Street Address	
	Phone Number
City/State/Zip	
	Email
Phone Number	
	Signature of
Email	
Signature of owner(s)	
OWNER(S)	

Name