



KENT CONSERVATION DISTRICT

800 BAY ROAD SUITE 2 • DOVER, DELAWARE • 19901 (302) 741-2600 EXT. 3 • FAX (302) 741-0347

APPLICATION FOR SEDIMENT AND STORMWATER MANAGEMENT DETAILED PLAN APPROVAL

PROJECT NAME: _____

PROJECT DESCRIPTION: _____

PROJECT LOCATION: _____
road/street town hundred/tax parcel #

PROJECT DISTURBED AREA IN ACRES: _____ TOTAL SITE ACREAGE: _____

DNREC NOTICE OF INTENT (NOI) ID#: _____ (REQUIRED PROIR TO PLAN APPROVAL)

OWNER/DEVELOPER NAME: _____

OWNER/DEVELOPER ADDRESS: _____
street city zip

OWNER/DEVELOPER PHONE #: () _____ FAX #: () _____

CONSULTANT/ENGINEER NAME: _____

CONTACT PERSON/PROJECT ENGINEER: _____

CONSULTANT/ENGINEER ADDRESS: _____
street city zip

CONSULTANT/ENGINEER PHONE #: () _____ FAX #: () _____

OFFICE USE ONLY	<input type="checkbox"/>	DESIGN REPORT	KENT CONSERVATION DISTRICT SEDIMENT AND STORMWATER MANAGEMENT PLAN	
	<input type="checkbox"/>	CONSTRUCTION PLAN		
	<input type="checkbox"/>	CHECKLIST		
	<input type="checkbox"/>	RECORD PLAN		
	<input type="checkbox"/>	REVIEW FEE \$ _____		
		PERMIT # _____	APPROVED BY _____	DATE _____

-Please submit the application package to the Kent Conservation District, 800 Bay Road, Suite 2, Dover, DE 19901.
 -Approved plans will be returned to owner/developer unless otherwise requested.
 -Owner/ Developer information requested is for the responsible individual for the Sediment & Stormwater Plan. If the responsible party changes prior to plan completion, a new application is required to maintain plan approval.

OWNER/DEVELOPER CERTIFICATION

"I/We certify that the information on this form and the attached plans is true and accurate to the best of by/our knowledge."

"I/We understand that KCD 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 the Delaware Department of Natural Resources and Environmental Control."

"I/We hereby authorize the right of entry for periodic on site inspections by KCD or State of Delaware, Department of Natural Resource and Environmental Control compliance personnel and/or authorized agents."

Owner/Developer Signature

Date

Owner/Developer Name and Title (Printed or typed)

CONSULTANT CERTIFICATION

"I hereby certify that, to the best of my knowledge, information, and belief, this plan has been designed in accordance with the current Delaware Erosion and Sediment Control Handbook and the Delaware Sediment and Stormwater regulations."

Consultant Signature

Date

Delaware Reg. No.

Consultant Name and Title (Printed or typed)

Type (P.E., P.L.S., or R.L.A.)

AGENT AUTHORIZATION*

(*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: _____
Street city zip

AGENT PHONE #: () _____ FAX #: () _____

Owner/Developer Signature

Date

Agent Signature

Date