

688 Sugartown Rd
Malvern, PA 19355



Tel: 610.647.5300
planning@willistown.pa.us

SOIL & EROSION / STORMWATER PERMIT APPLICATION

Fee: \$1,500 (for S&E) OR \$2,000 (for SWM)

FEES DUE UPON PERMIT SUBMITTAL

Tax Parcel #: _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Owner Name _____ Telephone Number _____

Email Address _____

Check the following items that are submitted with application:

- | | |
|--|---|
| <input type="checkbox"/> Plan of Property (existing & proposed features) | <input type="checkbox"/> Stormwater Management Report |
| <input type="checkbox"/> Erosion and Sedimentation Control Narrative | <input type="checkbox"/> Stormwater Management Details |
| <input type="checkbox"/> Erosion and Sedimentation Details | <input type="checkbox"/> Maintenance provisions for stormwater facilities (§73-43 through §73-45) |
| <input type="checkbox"/> Drainage Details | |

Project Description _____

Submissions Must Include:

- 1 Hard copy of Application Form and supporting documentation
- 3 Hard copies of plans
- Application fee
- 1 PDF of everything (can be emailed to permits@willistown.pa.us)

Please Note:

The Permit Application fee is nonrefundable. All costs associated with the review of this permit application, including but not limited to Township, engineering, and consultant reviews are included in the Permit Application fee. A nonrefundable resubmission fee of **\$500** will be charged for any supplemental submission that requires additional review. All costs for site meetings and inspections will be billed to the applicant in accordance with the approved fee schedule. All invoices will be accompanied by a detailed reporting of the charges. See **Reimbursement Agreement** on Page 2 attached. Application will not be deemed complete unless a signed and notarized copy of the Reimbursement Agreement accompanies this application.

Property Owner's Signature _____

Please do NOT write below this line

Permit # _____

Amount Paid \$ _____



TAX PARCEL # _____

WILLISTOWN TOWNSHIP REIMBURSEMENT AGREEMENT

I (We) hereby agree to reimburse Willistown Township for all fees and or expenses that Willistown Township may incur for the review of submitted plans, costs of inspections, related legal costs, or any other services provided by the Township or its consultant(s) or legal counsel. Please be advised that the applicant is ultimately responsible for all fees incurred by Willistown Township from any and all third parties involved with the submission that is associated with this agreement. These costs could include items such as, but are not exclusive to, consultant services or meeting fees.

Payment is due, upon receipt, within 30 days.

Name and Address to send invoices:

Owner(s) signature (Required)

Date

Print Owner(s) Name (Required)

Applicant(s) Signature

Date

Print Applicant(s) Name

This form must be notarized and applicant MUST sign

State of Pennsylvania, County of _____ (County)

Signed (or attested) before me on _____ (date) by _____ (names of individuals)

Notarial Officer Signature

Notarial Officer Printed Name

My commission expires: _____

Affix seal/stamp as close to signature as possible