



City of Bay City – Engineering Division

301 Washington Avenue, Suite 409
 Bay City, MI 48708
 Telephone: 989-894-8181
 Fax: 989-894-8210

Permit Number _____

Date Issued _____

Expiration Date _____

Permit Application \$ _____

Stormwater Management Permit Application

ADDRESS OF PROPOSED WORK:			
PROPERTY OWNER:		OWNER'S PHONE #	
OWNER ADDRESS	CITY	STATE	ZIP
OWNER E-MAIL ADDRESS			
CONTRACTOR NAME (if Applicable):		CONTRACTOR'S PHONE:	CELL/CONTACT PHONE
ADDRESS	CITY	STATE	ZIP
CONTRACTOR E-MAIL ADDRESS			
ENGINEER NAME			PHONE #
ADDRESS	CITY	STATE	ZIP
LICENSE NUMBER	EXPIRATION DATE	EMAIL ADDRESS:	

TYPE OF IMPROVEMENT AND PLAN REVIEW

- | | | | |
|---------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> ADDITION | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> PARKING AREA | <input type="checkbox"/> ACCESSORY | <input type="checkbox"/> EARTH CHANGE ONLY | <input type="checkbox"/> OTHER _____ |

DESCRIBE in detail the work you are doing and how the stormwater will be managed.

PERMIT REQUIREMENTS

STORMWATER PLAN: DRAWINGS AND WRITTEN INFORMATION PREPARED BY A REGISTERED ENGINEER, OR LANDSCAPE ARCHITECT, WHICH DESCRIBE THE WAY IN WHICH ACCELERATED SOIL EROSION AND/OFF STORMWATER FLOWS AR PROPOSED TO BE CONTROLLED, BOTH DURING AND AFTER CONSTRUCTION, HAVING AS ITS PURPOSE TO ENSURE THAT THE OBJECTIVES OF THIS PERMIT ARE MET.

ONE HARD COPY AND ONE ELECTRONIC COPY OF THE STORMWATER PLAN ARE REQUIRED. (SEE Sec. 92-10 FOR PLAN REQUIREMENTS)

ENGINEERED SITE GRADING PLAN: SEALED DRAWINGS OR PLAN WITH ACCOMPANYING TEXT PREPARED BY A REGISTERED ENGINEER OR LANDSCAPE ARCHITECT WHICH SHOWS ALTERATIONS OF TOPOGRAPHY, ALTERATIONS OF WATERCOURSES, FLOW DIRECTIONS OF STORMWATER RUNOFF, AND PROPOED STORMWATER MANAGEMENT AND MEASURES, HAVING AS ITS PURPOSE TO ENSURE THE OBJECTIVES OF THIS PERMIT ARE MET.

ONE HARD COPY AND ONE ELECTRONIC COPY OF THE ENGINEERED SITE GRADING PLAN ARE REQUIRED.

APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL REQUIRED FEES AND CHARGES AND MUST PROVIDE THE FOLLOWING INFORMATION:

NAME:		PHONE:		
ADDRESS:		CITY:	STATE	ZIP
FEDERAL ID # OR DRIVER LICENSE #	E-MAIL ADDRESS		CELL PHONE /CONTACT NUMBER:	

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO FOLLOW THE REQUIREMENTS OF THE LAWS, CODES AND ORDINANCES OF THE CITY OF BAY CITY. I UNDERSTAND AN INSPECTOR IS AUTHORIZED TO INSPECT MY CONSTRUCTION UNTIL WORK IS COMPLETED AND THE SITE IS APPROVED. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE INSPECTOR WHEN MY CONSTRUCTION IS READY FOR INSPECTION.

SIGNATURE OF APPLICANT:	DATE:
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FOR OFFICE USE ONLY

APPROVAL SIGNATURE		DATE:
PRINTED NAME		
TITLE	E-MAIL ADDRESS	CELL PHONE /CONTACT NUMBER:

CONDITIONS: