



Narragansett Bay Commission Stormwater Connection Permit Applications

Please Type or Print & Check (✓) Appropriate Boxes

PERMIT NUMBER:	
F	<input type="checkbox"/> APPROVED
I	<input type="checkbox"/>
N	<input type="checkbox"/> REJECTED
A	<input type="checkbox"/>
L	<input type="checkbox"/> INACTIVE
INTERNAL USE ONLY	

1. **Applicant:**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Bus.) _____ (Fax) _____

2. **Property Owner: (if other than applicant)**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Bus.) _____ (Fax) _____

3. **To Whom Should Notification Be Sent: (if other than applicant)**

Name: _____

Company Name: (if applicable) _____

Address: _____

City/Town: _____ State: _____ Zip: _____

4. **Property Description:**

Attach a sketch or map identifying the property location with street names and/or plat & lot number(s). Is the property part of a new subdivision? YES NO

Property Address: _____

City/Town: _____ Plat No.(s): _____ Lot No.(s): _____



Narragansett Bay Commission Stormwater Connection Permit Applications

Please Type or Print & Check (✓) Appropriate Boxes

5. **Building Description:**

Attach floor plan(s), site plan(s), and plans for special equipment to be used on site.
Please check (3) the appropriate building type.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Residential – (Up to and including two (2) dwelling units per building.) |
| <input type="checkbox"/> | Commercial – (Offices, Restaurants, Salons, Retail Stores, Hotels/Motels, Nursing Homes.) |
| <input type="checkbox"/> | Industrial/ Commercial – (Retail/ Wholesale Factories, Multi-use Buildings.) |
| <input type="checkbox"/> | Industrial – (Jewelry Companies, Machine Shops, Printing Companies.) |

If the building is Residential, please supply the following:

_____ No. of Building(s)

If the building is Commercial/Residential, please supply the following:

_____ No. of Building(s)

If the building is Commercial, please supply the following:

_____ No. of Building(s)

•**Describe the commercial operation and any special equipment to be used on site.**

If the building is Industrial, please supply the following:

_____ No. of Building(s)

Will there be site remediation/dewatering associated with this project that will be discharged to the public combined sewer system.

YES NO

What is the source of stormwater on the premises? (check the appropriate boxes)

Shed Flow Areaway Drains Roof Down Spouts Others Sources



Narragansett Bay Commission

Stormwater Connection Permit Applications

Please Type or Print & Check (✓) Appropriate Boxes

6. Stormwater Generation:

Please indicate the total quantity of flow for the following questions.

Pre-Construction

Post-Construction

24 hr. Storm Duration (CFS)

24 hr. Storm Duration (CFS)

2 yr. _____

2 yr. _____

10 yr. _____

10 yr. _____

25 yr. _____

25 yr. _____

50 yr. _____

50 yr. _____

100 yr. _____

100 yr. _____

Document and attach calculations for the method used for estimating stormwater flow.

7. Construction:

What are the approximate starting and finishing dates of construction?

Starting Date:

Finishing Date:

Please provide information about the Drain Layer.

Name: _____ License Number: _____

Company: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Telephone: (Bus.) _____ (Fax) _____

Please provide information about the Drain Layer's Bond Company.

Company: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Amount of Bond: _____ Telephone (Bus.) _____ (FAX) _____



Narragansett Bay Commission Stormwater Connection Permit Applications

Please Type or Print & Check (✓) Appropriate Boxes

Will the proposed stormwater connection(s) require an extension to the public combined sewer system?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

If YES, this application must be signed below by an authorized representative of the City or Town confirming that the proposed sewer extension will conform to the City or Town RI DEM approved Facility Plan.

Signature of Authorized City or Town Agent

Date

If this Stormwater Connection Permit Application is approved, the undersigned applicant agrees to accept and abide by all provisions of the Narragansett Bay Commission's Rules and Regulations for the Use of Wastewater Facilities within the Narragansett Bay Water Quality Management District, as amended, and shall in every respect conform to the terms of this application. Any changes to the information of this Stormwater Connection Permit Application must be reported to the Narragansett Bay Commission.

Signature of Property Owner

Date

Signature of Drain Layer

Date