



CITY OF GILLETTE STORMWATER PERMIT APPLICATION



1. GENERAL INFORMATION

<u>Applicant</u> (the company, organization, or individual that is responsible for developing the SWPPP and assisting the Administrator in its implementation, maintenance, and revision):			
<u>Stormwater Pollution Prevention Plan (SWPPP) Administrator:</u>		<u>Position Title:</u>	
<u>Mailing Address:</u>		<u>City:</u>	<u>State:</u>
		<u>Zip:</u>	
<u>Telephone Number:</u>	<u>Fax Number:</u>	<u>Email Address:</u>	

2. PROJECT INFORMATION

<u>Project Name:</u>			
<u>Street Address:</u>			
For project locations that do not have a street address, provide the following information:			
<u>Quarter/Quarter:</u>	<u>Section:</u>	<u>Township:</u>	<u>Range:</u>

3. PROJECT DESCRIPTION

<u>Briefly Describe the planned activities:</u>	
<u>Describe the stormwater discharge location(s):</u>	
<u>If applicable, provide the Wyoming Department of Environmental Quality Large Construction Permit Authorization Number:</u>	
<u>Disturbance area (refer to the City of Gillette Storm Drainage Design Manual (SDDM) §11.3.1 for basis of size determination):</u>	
<u>Anticipated start date:</u>	<u>Anticipated completion date:</u>



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4. ATTACHMENTS

Applicable fees (non-refundable):
SWPPP For individual residential lots: Use a copy of the plot plan to indicate planned construction limits, drainage patterns, stormwater discharge points, planned best management practices (BMPs) and locations, and ingress and egress points. For each planned BMP, attach fact sheet from Section 11 of the City of Gillette Stormwater Drainage Design Manual.
SWPPP For all other applicable projects: Attach a SWPPP following the requirements of Section 11 of the City of Gillette Storm Drainage Design Manual.

5. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the Gillette City Code, the Stormwater Master Plan, the Storm Drainage Design Manual, and the Stormwater Ordinance, and I agree to comply with those requirements.

Printed Name

Signature

Date

6. PERMIT APPROVAL

City Representative

Date

Official Use Only	
Date Received:	
Approved:	YES NO