

APPLICATION (NOTICE OF INTENT)

FOR DEPT. USE ONLY

Storm Water Division



Application No.
Date Received

GENERAL INFORMATION

Name of Owner of Construction Project	Contact Person Name (Mr / Ms)	Contact Phone No.	
Mailing Address	City	State/Province	Zip Code

Name of Operator Working at Site (attach additional, if needed)	Contact Person Name (Mr / Ms)	Contact Phone No.	
Mailing Address	City	State/Province	Zip Code

PROJECT INFORMATION

Name of Construction Project								
Brief Description of Construction Activity								
Project Start Date	Estimated Completion Date	Estimated Total Area of Site (acres)			Estimated Area of Disturbance (acres)			
Project Location	Street Address				City			
	OR	Township	Range	Section	1/4	1/4	1/4	County
		Latitude				Longitude		
Receiving Waters	Name of Municipal Storm Sewer System, Including Receiving Water							
	OR	Name or Description of Receiving Water						

Stormwater Pollution Prevention Plan (SWPPP) Requirements

Has a SWPPP been developed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: An Erosion and Sediment Control Plan is necessary for every site, including those not requiring a SWPPP.
SWPPP Contact	SWPPP Contact Phone No.	SWPPP Location

Signature Information

RETURN COMPLETED APPLICATION TO: City of Bismarck-Storm Water Division 601 S 26th St PO Box 5503 Bismarck, ND 58506-5503 Telephone: (701) 355-1734 Fax: (701) 221-6840	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Printed Name of Owner(s)</td> <td>Title</td> </tr> <tr> <td>Signature of Owner(s)</td> <td>Date</td> </tr> <tr> <td>Printed Name of Operator(s)</td> <td>Title</td> </tr> <tr> <td>Signature of Operator(s)</td> <td>Date</td> </tr> </table>	Printed Name of Owner(s)	Title	Signature of Owner(s)	Date	Printed Name of Operator(s)	Title	Signature of Operator(s)	Date
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(Attach additional pages if needed)