



Stormwater Permit
SM-01

Engineering Department
City of Bismarck
221 N. 5th Street
P.O. Box 5503
Bismarck, ND 58506
701-355-1505

For Office Use Only:
Date Received:
TRAKiT #:

STORMWATER MANAGEMENT PERMIT APPLICATION

(Complete all applicable items)

Project Information:

Site Address: _____

Description of Work: _____

Lot & Block Number: _____ **Subdivision:** _____

Project Classification:

- Residential Lot Site Plan Application Plat Application
 City Contracted Development or Redevelopment Not Requiring Land Use Approval

Project Size:

Land Disturbance: _____ Impervious Surface Created: _____

Part of a larger common plan of development or sale that will disturb greater than or equal to one (1) acre

- Yes No

Permit:

- Small Site Construction Stormwater Management Permit (Use SM-02)
 Large Site Construction Stormwater Management Permit (Use SM-03)
 Post-Construction Stormwater Management Permit (Use SM-05)

Contact Information:

APPLICANT: _____ Phone: _____ Fax: _____
Contact Name: _____ Email: _____
Mailing Address: _____ State _____ Zip Code _____

PROPERTY OWNER: _____ Phone: _____ Fax: _____
Mailing Address: _____ State _____ Zip Code _____

GENERAL CONTRACTOR: _____ Phone: _____ Fax: _____
Contact Name: _____ Email: _____
Mailing Address: _____ State _____ Zip Code _____

ENGINEER: _____ Phone: _____ Fax: _____
Contact Name: _____ Email: _____
Mailing Address: _____ State _____ Zip Code _____

Notes:

No land disturbance is permitted on any project site without an approved City of Bismarck Construction Stormwater Management Permit

This permit is separate from any permits that may be required by the North Dakota Department of Health. See <http://www.ndhealth.gov/WQ/Storm/Construction/ConstructionHome.htm> for requirements.

STORMWATER MANAGEMENT PERMIT APPLICATION

(Complete all applicable items)

Acknowledgement Certificate

I certify that I am the Owner or Owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits or review under the City of Bismarck Zoning Ordinance and have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I certify that the information on this application is true and correct and understand that I shall not start this project until this application is approved. I shall comply with the laws of the State of North Dakota and the ordinances of the City of Bismarck.

Signature of Legally Responsible Person

Date Signed

Name (Printed)

Title

For Office Use Only

- | |
|--|
| Large Site CSMP |
| <input type="checkbox"/> CSMP Checklist |
| <input type="checkbox"/> CSMP Site Plan |
| <input type="checkbox"/> SWPPP (CSMP SWPPP or NDDoH SWPPP) |
| <input type="checkbox"/> Payment - |
| Post-Construction Stormwater Management Permit |
| <input type="checkbox"/> Approved Mandatory Stormwater Scoping Sheet |
| <input type="checkbox"/> PCSMP Checklist |
| <input type="checkbox"/> Stormwater Management Plan (SWMP) |
| <input type="checkbox"/> Payment - |
| NDDoH General Permit Sites |
| <input type="checkbox"/> ND Notice of Intent (NOI) |

	By	Date
Site Visit:	_____	_____
Approval:	_____	_____
Comments:		