

Small Project Application for Stormwater Management

If the Total Impervious Surface Area is LESS THAN 1,000 ft ² , complete Section 1 & 2 and sign below.
If the Total Impervious Surface Area is BETWEEN 1,000 ft ² and 2,499 ft ² , complete Section 1 & 2 and sign below.
If the Total Impervious Surface Area is BETWEEN 2,500 ft ² and 5,000 ft ² , complete Sections 1,2 & 3 and sign the application.
If the Total Impervious Surface Area EXCEEDS 5,000 ft ² , please contact your stormwater reviewing agency.

Section 1

ID # required if not matching with address listed below.

Project Name: _____

Parcel ID# _____

Name of Applicant: _____

Phone Number: _____

Address: _____ Email (optional): _____

Please provide a valid mailing address for approval letter.

Impervious surfaces are any surface that prevents the infiltration of water into the ground. This includes house roofs, driveways, sidewalks, patios, garage roofs, storage sheds, and similar surfaces. Per _____ municipal's stormwater management regulations; stormwater management facilities are required whenever more than 2,500 square feet of new impervious surface is proposed. Existing impervious area and redevelopment are not considered "new" impervious surfaces for this calculation.

Section 2 Provide additional sheets if necessary. Existing impervious areas do NOT need to be documented unless being removed.

Complete this Table to Calculate Total Impervious Surface Area					
Surface Type	Length (ft.)	X	Width (ft.)	=	Proposed Impervious Area (ft ²)
Buildings (area to each downspout) Building Use: _____		x		=	
		x		=	
		x		=	
		x		=	
Driveway		x		=	
		x		=	
		x		=	
Parking Areas		x		=	
		x		=	
Patios/Walks		x		=	
		x		=	
		x		=	
		x		=	
Other		x		=	
		x		=	
		x		=	
Total Impervious Surface Area (sum of all areas)					

Based upon the information you have provided, a Stormwater Management Plan IS NOT required for this development activity. By executing below, the Owner acknowledges the following:

- I hereby declare that I am the Property Owner, or Owner's Representative
- The information provided on this application is accurate to the best of my knowledge. I understand that submission of inaccurate information may result in a stop work order and/or revocation of permit(s).
- Municipal representatives are hereby granted access to the above described property as may be required for review and inspection of this project

Signature: _____

Date: _____

Return to the Venango County Regional Planning Commission, ATTN: Jenna Dillion via email at Jenna.Dillion@venangocountypa.gov or by delivering to:

For any questions, please call 814-432-9689.

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Franklin PA 16323