Stormwater Permit No. _____



Drainage Calculations

TOWN OF DIGHTON BOARD OF HEALTH

1111 Somerset Avenue, Dighton, MA. 02715 508-659-4159

STORMWATER PERMIT APPLICATION

DATE:				
PROJECT LOCATION:				
	Assessors Map		Plot:	Lot:
Application Fee*:	\$250 plus:	Subdivision	Lots x \$200/lot =	=
		Commercial	s.f. x \$0.05/s	.f. disturbance=
		Solar acres x \$300/acre disturbance =		
*Additional costs ma chapter 44, section 5	•	hird party review	is required by the T	own per MGL Part 1, Title VII,
TYPE OF PROJECT*:	() Single Famil	y Home ()Sola	r () Subdivi	sion-Number of Lots
(Check One)	() Multi Family	/ Home ()Bar	n, Pool, Shed, Septic	:>5,000 s.f. disturbance
	() Agricultural	() Commercia	al () Other	
*Pub	olic Hearing Require	ed for Solar, Com	mercial, and Subdivi	sion Applications
AREA OF DISTURBAN	ICE:	s.f. or	Acres	
IMPERVIOUS AREA:		s.f. or	Acres	
METHODS OF STORM	/IWATER ()	Retention Basin	() Raingarden	() Roof Infiltration System
CONTROL (Check App	olicable): ()	Detention Basin	() Other:	
METHODS OF EROSIG	ON ()	Haybales ():	Silt Fence () Silt	Sock () Straw Wattles
CONTROL (Check App	olicable): ()	Other:		
Dighton Stormwater determination by the	Bylaw Regulations Administering Auchapter 44, section	, Section 7.E Pern thority. Applican n 53G. This appli	nits & Procedures, a t agrees to pay cons cation grants the Ad	tion as defined in the Town of nd requests a review and ultant fees in accordance with ministering Authority and its agen on submitted:
Applicant Name (Print):			Owner Name (Print):	
Applicant Signature:			Owner Signature:	
Applicant Address:			Owner Address:	
Applicant Phone:			Owner Phone:	
Received at Board of	Health by:		Date:	
Fee Amount Receive	d:			
Additional Document	ts Required with Su	ubmittal:		
Site Plan-3 copies	•		intenance Plan	

Abutter List