

CONSTRUCTION STORMWATER PERMIT (CSP)

(Not required for Category 1 Land Disturbance)

City of Alexandria 704 Broadway Alexandria, MN 56308 (320) 763-6678 Telephone (320) 763-3511 Fax

Permit Number:	
Building Permit Number:	
Date Issued:	

	(320) 763-6678 Telep (320) 763-3511 F		Date Issued:
		ormation	
Project Address:	Owner	rs Name:	
Project Name:Acres to be Disturbed:			
24			
Natural Resource Feature within 1			Drain within 100 feet: Yes □ No □
If Yes, Identify Natural Resource Feat	ure(s):		
Proposed Start Date:	Proposed	d Completion Date	:
Scope of Land Dis	turbance Activity:		Best Management Practices
□ Category 2 Land Disturbance □ Category 3 Land Disturbance *Separate MPCA Construction □ Part of Common Development □ Site within 1 mile of Lake Win	* o <u>n Stormwater Permit Required</u> nt Plan	Areas not being actively worked to be stabilized within 14 days. **(Areas within 1 mile of Lake Winona 7 days) Install/maintain perimeter controls and sediment barriers. Keep discharge points and receiving waters free of sediment. Protect natural resources (streams, wetlands, mature trees, etc). Properly protect storm drain inlets.	
Maintaining Erosion and	talling, Implementing and Sediment Control per Plan	Keep trash/litter Keep concrete w	from tracking onto street. Tracking contained. Tracking and contained. Tracking and maintained. Tracking and maintained. Tracking and spills.
Name: ☐ Operator/General Contractor ☐ Owner (if Owner is Operator)	or	Keep potential stormwater contaminants inside or under cover. Make sure previously disturbed areas are/remain stabilized. Properly located and stabilize all stockpiles. Check site for compliance after each ½-inch (+) rain event.	
Contact Person:			GENERAL NOTES TO PERMITEE:
Address:		reported storr	iated with an on-site review by the City Engineer of mwater management violations will be the of the property owner. Re-inspections of Non-
City:_State:Zi	p:	Compliant Erosion and Sediment Control BMPs will be subject to re inspection fees and may result in a "stop work" order being issued to the site.	
Telephone:	Cell:	the site.	
Email:			
	CERTIFICATIO	N STATEMENT	
			knowledge and belief, true, accurate and complete. the possibility of fine and imprisonment for knowing
Print Name and Title:			
Signature of Permît Holder:Date:			
Approved By:			