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|  | **CONSTRUCTION STORMWATER PERMIT**  **City of Alexandria**  **704 Broadway**  **Alexandria, MN 56308**  **(320) 763-6678 Telephone**  **(320) 763-3511 Fax** | | **Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Building Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Site Information**  **Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owners Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Type of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acres to be Disturbed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Natural Resource Feature within 100 feet: Yes 🞎 No 🞎 Storm Drain within 100 feet: Yes 🞎 No 🞎**  **If Yes, Identify Feature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Proposed Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
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| **Scope of Land Disturbance Activity:**  🞎 Individual Site - Disturbing ½ to 1 Acre  🞎 Part of Common Development Plan  🞎 **Construction Activity that Disturbs Over One Acre\***  **\**Separate MPCA Construction Stormwater Permit Required\****  🞎 Site within 1 mile of Lake Winona | | **Best Management Practices**  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.  Keep sediment from tracking onto street.  Keep trash/litter collected and contained.  Keep concrete washout areas clearly marked and maintained.  Keep fueling, cleaning, maintenance areas free of leaks and spills.  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. | |
| **Party Responsible for Installing, Implementing and Maintaining Erosion and Sediment Control per Plan**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Owner 🞎 Contractor 🞎 Excavator 🞎 Other 🞎**  **If Other, Identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_**  **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **GENERAL NOTES TO PERMITEE:**  The costs associated with an on-site review by the City Engineer of reported stormwater management violations will be the responsibility of the property owner. | |
| **CERTIFICATION STATEMENT**  I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.  **Print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Permit Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

Revised 6/23/16