

Town of Millville
Longfellow Municipal Center
8 Central Street
Millville, MA 01529

STORMWATER MANAGEMENT PERMIT APPLICATION

Date: _____

The undersigned hereby requests the Millville Planning Board's review and consideration of my/our application for a Stormwater Management Permit to allow the following activity:

**On the property located at: _____ Assessor's Map
_____ Parcel # _____ as shown on a plan prepared by _____
_____ dated _____ and attached
hereto.**

Project Engineer: _____ License #: _____

Applicant: _____ Property Owner: _____
Mailing Address: _____ Mailing Address: _____
Applicant Phone #: _____

Applicant's Signature

Owner's Signature

INSTRUCTIONS: Complete this application form, and deliver one (1) original and five (5) copies of the application package for a Stormwater Management Permit plus payment of the application and technical review fees to the Planning Board at a regular scheduled meeting. To assure that your submission is placed on the agenda, you must notify the Planning Board Secretary by Thursday prior to the meeting. Copies will also be submitted to the Board of Health, Highway Superintendent and the Town Clerk.

FOR OFFICIAL USE ONLY

To be completed by the Planning Board Secretary

Received by Planning Board: _____	Date: _____
Received by Hwy. Dept.: _____	Date: _____
Received by Board of Health: _____	Date: _____
Received by Town Clerk: _____	Date: _____