



# Town of Millville

290 Main 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 #: \_\_\_\_\_  
Project Engineer Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
Project Engineer Email Address: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Owner's Signature

**INSTRUCTIONS:** Complete this application form, and deliver one (1) original and ten (10) 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. Copies will also be submit-ted 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: _____