



City of
Rushville
Indiana

ATTACHMENT B

STORMWATER REVIEW APPLICATION

PROJECT NAME: _____	DATE: _____
LEGAL ADDRESS: _____	TOWNSHIP: _____
OWNER/DEVELOPER INFORMATION	
COMPANY NAME: _____	COMPANY NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
CONTACT PERSON: _____	CONTACT PERSON: _____
PHONE: _____	PHONE: _____
E-MAIL: _____	EMAIL: _____
AS OWNER OR AN AUTHORIZED REPRESENTATIVE, I AGREE TO PAY FOR ALL FEES INCURRED FOR THE BELOW REQUESTED REVIEWS	
CONTACT PERSON: _____	
PHONE: _____	FAX: _____
EMAIL: _____	
PRINT NAME, TITLE: _____	SIGNATURE: _____
<input type="checkbox"/> STORMWATER PERMIT \$ _____ APPLICATION FEE	
<input type="checkbox"/> \$ ____ REGULAR REVIEW FEE (FIRST 3 HOURS)	
<input type="checkbox"/> \$ ____ ACCELERATED REVIEW FEE (PER HOUR)	
USE:	TYPE:
1. <input type="checkbox"/> NON-RESIDENTIAL	1. <input type="checkbox"/> NEW STRUCTURE
2. <input type="checkbox"/> SUBDIVISION	2. <input type="checkbox"/> NON-BUILDING STRUCTURE
3. <input type="checkbox"/> OTHER:	3. <input type="checkbox"/> ACCESSORY STRUCTURE
4. <input type="checkbox"/> TEMPORARY STRUCTURE	
5. <input type="checkbox"/> ADDITION	
6. <input type="checkbox"/> RESTORATION OF DAMAGE	
PROJECT INFORMATION:	
SITE SQUARE FOOTAGE:	TOTAL ACREAGE OF SITE: _____
<input type="checkbox"/> UNDER 1000 SQ. FT. <input type="checkbox"/> OVER 1000 SQ. FT.	ACREAGE OF IMPERVIOUS AREA(S): _____
	TOTAL ACRES DISTURBED: _____
Planning Information:	
PLANNED START DATE: _____	PLANNED COMPLETION DATE: _____

COPY OF SUBDIVISION COVENANTS ATTACHED

FOR OFFICE USE ONLY

DATE: _____

APPROVED BY: _____