

CITY OF TULLAHOMA
 SMALL RESIDENTIAL
 STORMWATER PROTECTION PERMIT

APPLICATION FORM

OFFICE USE ONLY
Permit No: _____
Application Date: _____
Revision Date: July 7, 2005

1. APPLICANT (Please check if Applicant is the landowner or designated Agent*)

NAME		<input type="checkbox"/> LANDOWNER	<input type="checkbox"/> DESIGNATED AGENT
MAILING ADDRESS			AREA CODE / PHONE NUMBER
CITY	STATE	ZIP CODE	Area Code / Fax Number
*Designated Agent must attach a written statement from landowner authorizing him/her to secure a permit in the landowner's name			

2. SITE LOCATION

STREET ADDRESS		COUNTY
SUBDIVISION NAME (IF APPLICABLE)		LOT NUMBER(S)
TAX MAP NUMBER	PARCEL NUMBER	

3. PROPOSED LAND DISTURBANCE (Please attach a copy of Property Plat with Application)

PROJECT TYPE: 1. <input type="checkbox"/> New Home 2. <input type="checkbox"/> Add-On 3. <input type="checkbox"/> Garage / Shed 4. <input type="checkbox"/> Other, If Other Specify _____		
PROJECT PURPOSE	SIZE OF STRUCTURE (SQUARE FEET)	SIZE OF TOTAL LAND DISTURBANCE (SQ. FT.)
PROPOSED START DATE OF PROJECT	PROPOSED COMPLETION DATE OF PROJECT	
Attached Property Plat shall contain a sketch of the location of the development.		

4. STORMWATER MANAGEMENT ITEMS

Is there a stream located within 100 feet of the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a drainage ditch located within 50 feet of the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the development cause a significant change in the direction of stormwater flows on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the development cause a significant change in the amount of stormwater flows on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the development cause a partial or complete blockage of any existing watercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will an existing watercourse need to be re-routed to make room for the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. CERTIFICATION

I hereby acknowledge that to the best of my knowledge the information contained herein is true and correct, and I hereby agree to comply with all applicable provisions of the Codes of the City of Tullahoma, Tennessee.			
LANDOWNER OR DESIGNATED AGENT	PRINT NAME	SIGNATURE	DATE

-----FOR CITY USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE-----

Permit Review Fee \$ _____	Date Paid _____
Stormwater Protection Permit Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ Director Approval	_____ Approval Date