



City of Shelby  
Planning and Development Services Department

App. No.:	
Fee:	Paid:
Date:	

Stormwater Permit Application Form

Address of Subject Property:

Project Name: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

***\*MUST attach Affidavit with owner's permission, if not the owner of subject property.***

Property Information

Tax ID Number: \_\_\_\_\_

Deed Book and Page Number (if applicable): \_\_\_\_\_

Total Site Area: \_\_\_\_\_

Total Disturbed Area: \_\_\_\_\_

Existing Built Upon Area (BUA): \_\_\_\_\_

Proposed Built Upon Area (BUA): \_\_\_\_\_

Provide a **detailed description** of the **proposed project**. Attach additional pages or documentation if necessary.

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**SUBMISSION REQUIREMENTS:**

**ALL items included on the attached "City of Shelby Stormwater Permit Checklist" must be completed and submitted prior to the stormwater plan review process being initiated.**

**Oath:** By signing, I hereby certify that all information that I have provided in this application is correct and complete to the best of my knowledge. I understand that providing false or incomplete information may be grounds for denial of my request or may result in future action by the City Council to revoke the permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

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Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance and other land use regulations in effect in the city's jurisdiction. Applicable description of use limitations is attached.

*Approved Plan Title:* \_\_\_\_\_

*Approved Plan Date:* \_\_\_\_\_

*Additional Remarks/Conditions:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Stormwater Administrator

\_\_\_\_\_  
Date

<p align="center"><b>Stormwater Permit Number</b></p> <p align="center">_____</p>
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