



City Hall • 333 West Ellsworth Street • Midland, Michigan 48640-5132 • 989.837.3300 • 989.835.2717 Fax • www.midland-mi.org

STORM WATER MANAGEMENT PERMIT/APPLICATION

DATE: _____ **PERMIT: #** _____

PROJECT NAME: _____

LOCATION: _____

OWNER/DEVELOPER: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____

ENGINEER: _____

ADDRESS: _____

PHONE: _____

DETENTION DATA SUMMARY:

SITE AREA: _____

% IMPERVIOUS AREA: _____

RUNOFF CURVE NO. : _____

ALLOWABLE OUTFLOW: _____

ACTUAL OUTFLOW: _____

DESIGN HIGH WATER ELEVATION: _____

DETENTION VOLUME REQUIRED: _____

DETENTION VOLUME PROVIDED: _____

RESTRICTOR SIZE: _____

NOTES:

STORM WATER PERMIT FEE: _____ **PAID:** _____

APPROVED FOR ISSUANCE BY: _____ *CITY ENGINEER*

DATE ISSUED: _____