

COMMERCIAL
Application for Site Development Permit

Office Use Only:

Date Received: _____ Receipt #: _____ SW File #: _____

Applicant: Please respond to all of the questions as appropriate. When additional space is needed, attach additional pages and number of response accordingly.

NAME OF PROJECT: _____

Address of Project: _____

1. Name of Applicant _____ Phone () _____
Fax () _____

Address _____ City _____ St _____ Zip _____

2. Name of Local Agent _____ Phone () _____
Fax () _____

Address _____ City _____ St _____ Zip _____

3. Owner(s) of Record _____ Phone () _____
Fax () _____

Address _____ City _____ St _____ Zip _____

4. Land Surveyor _____ Phone () _____
Fax () _____

Address _____ City _____ St _____ Zip _____

5. Engineer _____ Phone () _____
Fax () _____

Address _____ City _____ St _____ Zip _____

6. Attorney _____ Phone () _____
Fax () _____

Address _____ City _____ St _____ Zip _____

The following shall be submitted for all projects reviewed for Stormwater approval:

- (a) A completed Site Development Permit Application*
- (b) (3) copies of Erosion and Sediment Control Plan*
- (c) (3) copies Storm Water Pollution Prevention Plan*
- (d) Review Fee***

PROPERTY INFORMATION

7. Legal Description: Lot _____ Block _____ Subdivision _____
Section _____ Township _____ Range _____
If not a subdivision lot attach metes and bounds description.

8. Tax Parcel Number _____

9. Street Address _____

10. Property Size _____ Acres or _____ square feet

11. Type of Proposed Development:

A. _____ Residential B. _____ Commercial C. _____ Industrial

12. Land Cleaning:

A. Total area to be cleared: _____ Acres or _____ square feet

B. Indicate methods to be utilized to prevent or retard erosion _____

C. Indicate the various plant species to be removed during the clearing process _____

13. Building Construction and/or Paving Activities:

A. Total land area: _____ acres or _____ square feet

B. Total surface area of all impervious _____ acres _____ square feet

14. Indicate the rational runoff coefficients or SCS curve numbers utilized in the design of the stormwater management system.

Predevelopment _____ Post-development _____

15. Indicate the specific design storm event. Duration _____ Frequency _____

16. If the stormwater management system utilized basin storage provide the following volumes:

Retention: _____ CF Detention: _____ CF

AFFIDAVIT

I, the undersigned, being first duly sworn, state that I am the owner, attorney, attorney-in-fact, agent lessee or representative of the owners of the property and which is the subject matter of the proposed review, that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to an made a part of the application are true, correct and accurate to the best of my knowledge and belief. I further agree to comply with all stipulation and conditions that might be required by the City of Flowood, Mississippi for approval of the Erosion and Sediment Control Plan and the Storm Water Pollution Prevention Plan should it be approved.

STATE OF MISSISSIPPI
COUNTY OF RANKIN

Sworn to and subscribed before the this the _____ day of _____, 20____.

Notary Public Signature

Signature of Applicant or Authorized Agent

Notary Printed Signature

Applicant's Printed Signature

Address

My Commission Expires

Name:
Address:
Site Development Permit No:

Date:

Name of Development:

SITE DEVELOPMENT PERMIT

The Erosion and Sediment Control Plan and the Storm Water Management Plan submitted by you for the above referenced development has been approved for the Construction Activity described in the Plans. All clearing and grading must conform to the BMP's described in the Erosion and Sediment Control Plan submitted by you. All Storm Water management must be in compliance with the Storm Water Management Plan submitted by you. You must also be in compliance with all applicable provisions of the City's Storm Water Pollution Prevention Ordinance.

Inspections will be required as set forth in the Erosion and Sediment Control Plan and the Storm Water Management Plan. A two-day notice is required but every effort will be made to complete them sooner. Revisions in the Erosion and Sediment Control Plan may be required if needed.

No measure may be covered prior to its inspection. A fee of \$50 will be charged for each scheduled inspection and for each re-inspection, which is required because of noncompliance at a scheduled inspection.

The City of Flowood, Mississippi,
Department of Public Works

Garry Miller, Public Works Director

CITY OF FLOWOOD
BUILDING & PERMIT DEPARTMENT
2101 AIRPORT ROAD
FLOWOOD, MS 39232

OWNER'S NAME: _____

PERMIT IS HEREBY ISSUED FOR THE PURPOSE OF BUILDING AS FOLLOWS:

SITE LOCATION: _____

LOCATION: (CHECK ONE)

_____ Within a Floodway (No Fill is permitted within a Floodway).

_____ Within a Floodplain in FIRM Zone _____

100 Year Flood Elevation _____ msl.

Required 1st Floor Elevation _____ msl.

Proposed 1st Floor Elevation _____ msl.

Proposed Average Elevation of Ground Around Building _____ msl.

Lowest elevation of machinery or equipment servicing the building _____ msl.

(Describe type of machinery or equipment: _____

_____ Outside a Floodplain

Flood Insurance Rate

Map Reference: _____

Date: DFIRM MAP 6-9-14

Permit Number: _____

Approved: _____

This Permit is Valid for one year from the date hereof.

This Permit is required by the Floodplain Management Ordinance.

BEFORE FINAL INSPECTION – A CERTIFICATE OF 1ST FLOOR ELEVATION WILL BE REQUIRED.