

SILVER SPRING TOWNSHIP
 8 FLOWERS DRIVE
 MECHANICSBURG, PA 17050
 (717) 766-0178

TOWNSHIP USE ONLY
STORM WATER NO: _____
PARCEL NO: _____

**APPLICATION FOR A STORM WATER MANAGEMENT PERMIT
 MINOR LAND DISTURBANCE**
 Cumberland County, Pennsylvania

Application is hereby made to Silver Spring Township for the issuance of a Storm Water Management Permit pursuant to the specifications herewith submitted.	
1. Name of Property Owner(s):	
Address:	
Email:	Phone No:
2. Name of Applicant (if other than owner):	
Address:	
Email:	Phone No:
3. Project Location:	
4. If the property is the subject of a subdivision or land development, provide plan book record number or Township identification number.	
5. Brief Description of Work to be Performed:	
A general plan of the lot configuration, building location, grading, and storm water management facilities shall be shown on the next page.	
6. Storm Water Management Plan Prepared By:	
Address:	
Phone No:	Fax No:
The undersigned hereby represents that, to the best of their knowledge and belief, all information listed above and on the reverse side of this page is true, correct, and complete.	
Date:	Signature of Applicant X
For Township Use Only	
File No:	Date of Receipt/Filing:

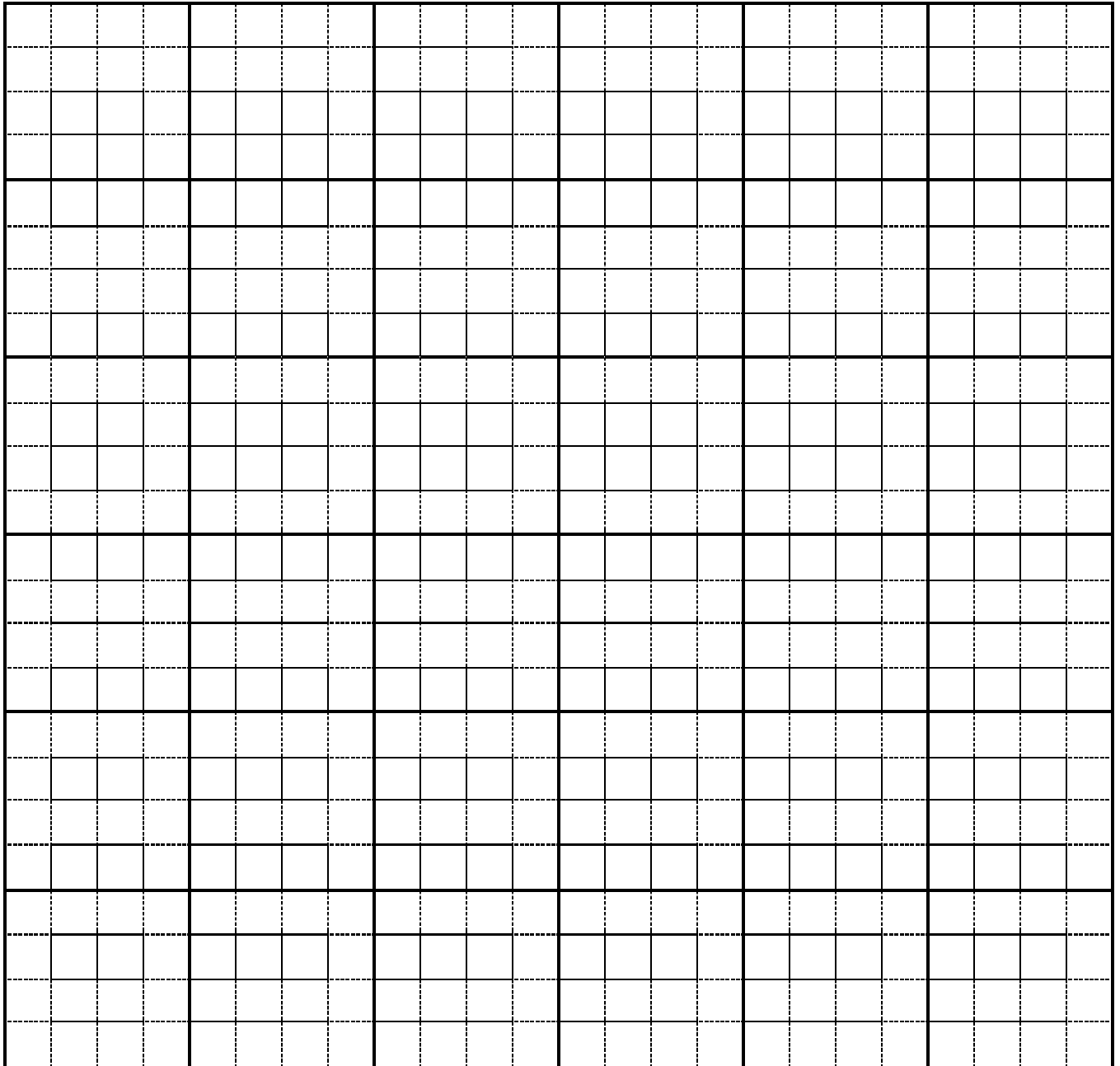
Attached owner Authorization Letter for this application

Permits shall expire 12 months from the date of issuance unless an extension of time is requested by the Permittee and approved by the Township. A new application may be required if conditions in the surrounding area or new standards would require an alteration of the approved Storm Water Management Plan. (Effective 1/1/12)

PLEASE COMPLETE THE GENERAL PLAN ATTACHED

(See Section 303.01)

GENERAL PLAN



Scale: 1" = _____ (4 square per inch)

The following shall be shown on the Plan:

Lot Configuration

Building Location

Contours or Flow Arrows

Storm Sewers

Berms

Terraces

Bridges

Dams

Infiltration System

Swales

Watercourses

Floodplains

Basins