



**SUSSEX CONSERVATION DISTRICT  
23818 SHORTLY ROAD  
GEORGETOWN, DELAWARE 19947**

**DETAILED SEDIMENT AND STORMWATER MANAGEMENT PLAN APPLICATION**

NAME OR TYPE OF PROJECT: \_\_\_\_\_

LOCATION OF PROJECT: \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_ ZONING \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEVELOPER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT (IF DIFFERENT THAN OWNER) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPOSED WORK: \_\_\_\_\_

TENTATIVE STARTING DATE: \_\_\_\_\_ TENTATIVE FINISHING DATE: \_\_\_\_\_

If the owner, developer or applicant of the project is a corporation, please supply the name and address of the registered agent. In the event that any of the above persons are not residents of the State of Delaware, supply the name and address of a person within the State authorized to accept legal service of process in his/her behalf.

Approval is requested for the Sediment and Stormwater Management Plan for the project described in the following attachments.

I (we) certify that I (we) have the authority to make the foregoing application. That the information above is correct and I (we) have the ability to meet all the limitations and conditions set forth by this agreement.

Applicant or Registered Agent's Signature

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (Printed) \_\_\_\_\_

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