



Parking Lot Application

				Permit #					
Date				Project Name					
Project Address									
Tax Lot				Tax Map					
CONTRACTOR	NAME					CCB#			
	ADDRESS								
	PHONE #								
OWNER	NAME								
	ADDRESS								
	PHONE #								
Acreage Disturbed:					Valuation:		\$		
Existing Impervious Surface (sq. ft.)				New Impervious Surface (Sq. ft.)				Total ESUs	

OFFICIAL USE ONLY

Erosion/Control Review Fee	09-5-5-010-10-00	\$
Erosion/Control Inspection Fee	09-5-5-012-12-00	\$
SWM Quality Fee	26-014-14	\$
SWM Quantity Fee	26-015-15	\$
Parks Fee	29-089-15	\$
TOTAL		\$

Conditions: