



Town of New Castle

200 South Greeley Avenue, Chappaqua NY 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177
e-mail: building@town.new-castle.ny.us

APPLICATION FOR STORM WATER MANAGEMENT AND EROSION AND SEDIMENTATION CONTROL

1. Property Owner's Contact Information

a) Print Name _____

b) Property Address _____

c) Tax Designation: Section _____ Block _____ Lot _____

d) Contact Number: _____ e) E-Mail Address _____

Owner Acknowledgment

I acknowledge and grant the Town of New Castle and other agencies having jurisdiction the right to enter the property at reasonable times and in a reasonable manner for the purpose of inspection.

This acknowledgement statement shall become part of the approved SWPPP for the land development activity

f) Signature: _____ g) Date _____

2. Design Professional's Contact Information

a) Print Name _____ b) License No.: _____

c) Mailing Address _____

d) Contact Number: _____ e) E-Mail Address _____

Architect/Engineer/Qualified Professional Certification

First: "I certify under penalty of law that I understand and agree to comply with the terms and conditions of the Storm Water Pollution Prevention Plan. I also understand that it is unlawful for any person to cause or contribute to a violation of water quality standards."

Second: I hereby certify under penalty of law that the design of all storm water management practices as shown on the plans and specifications attached herewith and as approved by the Town Engineer complies with chapter 108-A Storm Water Management and Erosion and sediment Control of the Code of the Town of New Castle.

This acknowledgement statement shall become part of the approved SWPPP for the land development activity

f) Signature: _____ g) Date _____

continued →

3. Contractor's Contact Information

- a) Print Name _____ b) License No.: _____
c) Mailing Address _____
d) Contact Number: _____ e) E-Mail Address _____

CONTRACTOR'S CERTIFICATION
ATTACH EROSION AND SEDIMENT CONTROL CARD CERTIFICATE

"I hereby certify that I understand and agree to comply with the terms and conditions of the SWPPP and agree to implement any corrective actions identified by the qualified inspector during a site inspection. I also understand that the *owner or operator* must comply with the terms and conditions of the most current version of the New York State Pollutant Discharge Elimination System ("SPDES") general permit for storm water discharges from construction activities and that it is unlawful for any person to cause or contribute to a violation of water quality standards. Furthermore, I understand that certifying false, incorrect or inaccurate information is a violation of the reference permit and the laws of the State of New York and could subject me to criminal, civil and/or administrative proceedings."

A copy of the approved SWPPP shall be retained at the site of the land development activity during construction from the date of initiation of construction activities to the date of final stabilization. By signing this I certify that each contractor who will be involved in a land development activity has obtained training and/or certification in proper erosion and sedimentation control practices. Attached hereto is Proof of Training Completed.

This acknowledgement statement shall become part of the approved SWPPP for the land development activity

- f) Signature: _____ g) Date _____

4. Description of Work

- a) Area of Lot: _____ square feet or _____ acres
b) Area of Proposed Soil Disturbance: _____ square feet
c) Proposed Increase in Impervious area: _____ square feet
d) Name of Watershed: _____
e) NYSDEC Notice of Intent Required Under GP-0-10-001 Yes No
f) Description of Proposed Work: _____

4. Application Fee (check one)

- EXISTING RESIDENCE - \$250 NEW RESIDENCE - \$500
 NON-RESIDENCE/COMMERCIAL - \$750 REVISION - \$150