



# Butte-Silver Bow Public Works Department

## FORM #1—APPLICATION STORM WATER MANAGEMENT PERMIT APPLICATION (PRE-CONSTRUCTION)

BSB Permit No.:	_____
MDEQ SWPPP No. MTR:	_____
Excavation Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Instructions for Applicant:

Construction projects that do not qualify for variance (Form #4), the following forms must be submitted to Butte-Silver Bow:

- Form #2—Checklist
- Form #2a—Maintenance Agreement
- Form #2b—Construction Practice BMP Plan (for sites with <1-acre of disturbed land)
- MPDES NOI Authorization Letter (for sites with ≥1-acre of disturbed land)

Land disturbance is not permitted on any project site without an approved Butte-Silver Bow Storm Water Management Permit.

## CONTACT INFORMATION

### Project Owner

Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Preferred Contact  
Company: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### Contractor

Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Preferred Contact  
Company: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### Engineer

Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Preferred Contact  
Company: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## PROJECT INFORMATION

Project Address: \_\_\_\_\_  
Lot Number: \_\_\_\_\_  
Subdivision (If Applicable): \_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Disturbance Size:  Less than one acre  Greater or equal to one acre

### Storm Water Engineering Plan (Form #1) BSB Review

\*Plus \$130/hour for review in excess of the complete-ness and 1<sup>st</sup> technical review will be invoiced at the completion of the review prior to issuing an approval.

Completeness/1 <sup>st</sup> Technical Review*	No Charge		
	Additional Review	\$130/hour	If Required

## NATURE OF CONSTRUCTION

Check the appropriate box(es) or provide a brief description that indicates the general nature of the construction activities.

- BSB Project     Multi-Family Residential     Highway/Road     Commercial/Industrial  
 Subdivision     Single Family Residential     Utility     Other: \_\_\_\_\_

Description of Work: \_\_\_\_\_



# Butte-Silver Bow Public Works Department

## PROJECT SCHEDULE

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Final Stabilization Date: \_\_\_\_\_

## WATER BODIES AND STORM CONVEYANCE SYSTEMS

List water bodies within 200' of project.

Stream: \_\_\_\_\_ Lakes: \_\_\_\_\_

Wetlands: \_\_\_\_\_ Rivers: \_\_\_\_\_

Sloughs: \_\_\_\_\_ Other: \_\_\_\_\_

Does storm water runoff from the project site discharge to an impaired water?

Yes  No Water Body: \_\_\_\_\_

If yes, what are the impairments?

Sediment  Nutrients  Dissolved Oxygen  Temperature  Other: \_\_\_\_\_

List storm conveyance systems within 100' of project.

Ditches: \_\_\_\_\_ Swales: \_\_\_\_\_

Detention Facilities: \_\_\_\_\_ Storm Drain Inlets: \_\_\_\_\_

Pipe Inlets/Outlets: \_\_\_\_\_ Gutter: \_\_\_\_\_

Is the project in a floodplain?

Yes  No

If yes, is a permit...

Required  Pending  Issued

If yes, is the site/will the site be...

Delineated  Staked  Perimeter BMPs Installed

## ACKNOWLEDGMENT CERTIFICATE

*I certify that I am the Owner or Owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits, or review under the Butte-Silver Bow Storm Water Ordinance and have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.*

*I certify that the information on this application is true and correct and understand that I shall not start this project until this application is approved. I shall comply with the laws of the State of Montana and the ordinances of Butte-Silver Bow.*

*I acknowledge that reviews of this application in excess of the initial completeness and 1<sup>st</sup> technical review will be invoiced at the completion of the review prior to issuing an approval.*

Signature of Legally Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

(Submission must include original signature)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Printed)



# Butte-Silver Bow Public Works Department

## FOR OFFICIAL USE ONLY

The remainder of this application is for official use only.

Greater or Equal to One Acre	Received?	
MPDES NOI Authorization Letter	Yes	No
MPDES SWPPP	Yes	No
Form #2—Checklist	Yes	No
Form #2a—Maintenance Agreement	Yes	No

Less Than One Acre	Received?	
Form #2—Checklist	Yes	No
Form #2a—Maintenance Agreement	Yes	No
Form #2b—Construction Project BMP Plan	Yes	No

### REPORT OF TECHNICAL REVIEW

- After full review, the Storm Water Engineering Report, Plans, and Specifications **meet** the intent of the BSB Storm Water Engineering Standards as identified in the above checklist.
- After full review, the Storm Water Engineering Report, Plans, and Specifications **do not meet** the intent of the BSB Storm Water Engineering Standards as identified in the above checklist through failure to include the following (additional reviews will be invoiced at a rate of \$130/hour for every hour over 4hours/plan): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Reviewed By

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STORM WATER ENGINEERING PLAN REVIEW HISTORY

Name of Project: \_\_\_\_\_ Total Project Acres: \_\_\_\_\_  
 Total Disturbed Acres: \_\_\_\_\_ Date Submitted to BSB: \_\_\_\_\_  
 Date Received by Reviewer: \_\_\_\_\_ Date of Completeness Review: \_\_\_\_\_  
 Comments: \_\_\_\_\_

#### First Review

Plan Received On: \_\_\_\_\_ Review Completed On: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_  Approved  Denied  
 Comments: \_\_\_\_\_

#### Second Review

Plan Received On: \_\_\_\_\_ Review Completed On: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_  Approved  Denied  
 Comments: \_\_\_\_\_

#### Third Review

Plan Received On: \_\_\_\_\_ Review Completed On: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_  Approved  Denied  
 Comments: \_\_\_\_\_