



**EAST COVENTRY TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA**

**855 Ellis Woods Road
Pottstown, PA 19465
610-495-5443
610-495-9925 (Fax)**

**APPLICATION FOR
DRAINAGE PERMIT**

PART I - PROPERTY INFORMATION

Street Address of Property (site on which Regulated Activity is proposed):

City, State and Zip Code of Property:

Tax Parcel Identification Number of Property:

Deed Book Number of Property:

Deed Book Page of Property:

Area of Proposed Earth Disturbance (square feet):

Area of Proposed New/Replacement Impervious Surface (square feet):

Is this Property part of an approved Subdivision and/or Land Development Application that includes an approved SWM Site Plan?

- Yes
 No

If "Yes", will Applicant utilize the approved SWM Site Plan associated with the approved Subdivision and/or Land Development Application for subject Property with no deviations?

- Yes (if "Yes", a SWM Site Plan need not be enclosed)
 No

Applicable Watershed(s) in which Regulated Activity is Located:

- Pigeon Creek Watershed
 Stony Run Watershed
 French Creek Watershed
 Schuylkill River Watershed

PART II - APPLICANT INFORMATION (Owner of Property and person or entity responsible for all costs)

Applicant Name (person or entity that owns the property on which the proposed Regulated Activity is located):

Applicant Street Address (if P.O. Box, include street address also):

City, State and Zip Code of Applicant:

Telephone Number of Applicant:

Email Address:

PART III - APPLICANT'S ENGINEER INFORMATION (for projects proposing 2,000 square feet or more of new or additional impervious surfaces and/or 10,000 square feet or more of earth disturbance)

Name of Applicant's Engineer and Engineering Firm:

Street Address of Applicant's Engineer (if P.O. Box, include street address also):

City, State and Zip Code of Applicant's Engineer:

Telephone Number of Applicant's Engineer:

Email Address:

PART IV – APPLICANT'S CONTRACTOR INFORMATION (entity responsible for performing the work associated with this permit application)

Name of Applicant's Contractor:

Street Address of Applicant's Contractor (if P.O. Box, include street address also):

City, State and Zip Code of Applicant's Contractor:

Telephone Number:

Email Address:

PART V – CERTIFICATION

I certify that I (check appropriate box below):

- am the Owner.
- am an officer or official of the Owner

Name (type or print legibly)

Official Title

Street Address

City, State, Zip

Phone Number

E-Mail Address

Signature

Date

PART IV – TOWNSHIP ACTION (to be completed by Township)

Application Fee: \$ <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Permit Fee*: \$ <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Total: \$ <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid			
*See Township Fee Schedule for Permit Fee and associated requirements.			
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Application #: Permit #: Fee Paid:\$	Township Official's Signature: Township Official's Title:
Township Official's Comments:			