



Stormwater Management Permit Application

Permit Number _____
 Date Submitted _____
 Final Stabilization Date _____

Public Works Department

201 1st Ave East Kalispell, Montana 59901
 (406) 758-7720

Note: This permit is separate from any permits required by the Montana Department of Environmental Quality. A State Stormwater Construction Permit is required for all land disturbance activities equal to or greater than one (1) acre or for land disturbance activities less than one (1) acre that are part of a larger common plan of development or sale that would disturb one (1) acre or more.

****No land disturbance is permitted on any project site without an approved City of Kalispell Stormwater Management Permit****

****Other permits may be required, e.g. Flood Plain Permit****

(1) Contact Information:

(a) Project Owner

Contact Person:		Company:		
Mail Address:		City:	State:	Zip:
Phone:		Email:		
Fax:	Mobile:	Other:		

(b) Contractor

Contact Person:		Company:		
Mail Address:		City:	State:	Zip:
Phone:		Email:		
Fax:	Mobile:	Other:		

(c) Engineer

Contact Person:		Company:		
Mail Address:		City:	State:	Zip:
Phone:		Email:		

(2) Project Information

Project Address : _____

Lot Number: _____

Subdivision (if applicable): _____

Project Size: (Land Disturbance)	<input type="checkbox"/> LESS than one acre \$10.00	<input type="checkbox"/> GREATER or equal to one acre \$45.00
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(3) Nature of Construction

Check the appropriate box(es) or provide a brief description that indicates the general nature of the construction activities. Single Family Residential Multi-Family Residential Utility
 Commercial/Industrial Highway / Road Other (describe): _____

Description of proposed work: _____



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(4) Project Schedule

Start Date: _____ Completion Date: _____ Final Stabilization Date: _____

(5) Waterbodies and Storm Conveyance Systems

(a) List Waterbodies within 200' of project

Streams:	Lakes:
Wetlands:	Rivers:
Sloughs:	Other:

(b) List Storm Conveyance Systems within 100' of project

Ditches:	Swales:
Detention Facilities:	Storm Drain Inlets:
Pipe Inlets/Outlets:	Gutter:

(6) Acknowledgement 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 City of Kalispell Ordinance 1600 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 the City of Kalispell.

Signature of Legally Responsible Person (Submission must include original signature)

Date Signed

Name (printed)

Title

For Official Use Only

LESS than one acre	Received		City	By	Date
SMP Checklist	Yes	No	Field Visit		
SMP Plan	Yes	No	Approval		
SMP Map	Yes	No	Comments:		
Payment-\$10.00	Yes	No			
GREATER or equal to one acre	Received				
MT Stormwater Discharge Permit (NOI)	Yes	No			
SWPPP	Yes	No			
Site Map showing BMPs	Yes	No			
MT Stormwater Discharge Permit (NOT)	Yes	No			
SMP Checklist	Yes	No			
SMP Plan	Yes	No			
SMP Map	Yes	No			
Payment-\$45.00	Yes	No			
New construction subject to impact fees	Yes	No			