

Permit No. _____

Fee Collected _____

Department of Public Works
Town of Westborough, MA

STORMWATER PERMIT

Location of Property _____

Name of Applicant _____ Phone _____

Address _____ Cell Ph. _____

Name of Owner _____ Phone _____

Address _____ Cell Ph. _____

Name of Contractor _____ Phone _____

Address _____ Cell Ph. _____

Description of work to be done:	Check all that apply
	<input type="checkbox"/> Disturb more than 5,000 SF of land
	<input type="checkbox"/> Stockpile more than 100 CY of excavate or fill
	<input type="checkbox"/> Disturb more than 43,560 SF of land
	<input type="checkbox"/> Major alteration of drainage characteristics

COMMENTS:

The undersigned hereby requests the DPW and Conservation Commission review and consider my/our application for a Stormwater Management Permit and, by finding full conformance with the Westborough Bylaws governing said application, grant a Stormwater Management Permit to allow the activities described on this form.

Applicant's Signature

Owner/Agent Signature

Town of Westborough

Issued By: _____ Date: _____