



DUPAGE COUNTY STORMWATER MANAGEMENT CERTIFICATION APPLICATION (1/2)

1. Community and Status ___ Non ___ Partial ___ Complete	2. Date of Application	3. Stormwater Application No.	4. Community Tracking No.												
5. Applicant: Name: _____ Company Name: _____ Address: _____ City, ST, Zip: _____ Phone: _____ Email: _____		6. Owner: Name: _____ Company Name: _____ Address: _____ City, ST, Zip: _____ Phone: _____ Email: _____													
7. Description of Proposed Development:															
8. Location of Development: (if not address use nearest major intersection) Address: _____ Municipality: _____ Watershed Planning Area & Trib: _____		9. Legal Description (attach additional sheets if needed) <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">¼ Section</td> <td style="text-align: center;">Township</td> <td style="text-align: center;">Range</td> </tr> <tr> <td style="text-align: center;">PIN _____</td> <td style="text-align: center;">- _____</td> <td style="text-align: center;">- _____</td> </tr> <tr> <td style="text-align: center;">PIN _____</td> <td style="text-align: center;">- _____</td> <td style="text-align: center;">- _____</td> </tr> </table>		_____	_____	_____	¼ Section	Township	Range	PIN _____	- _____	- _____	PIN _____	- _____	- _____
_____	_____	_____													
¼ Section	Township	Range													
PIN _____	- _____	- _____													
PIN _____	- _____	- _____													
10. Check all of the conditions which apply: <input type="checkbox"/> Flood Plain <input type="checkbox"/> Stormwater Detention <input type="checkbox"/> Best Management Practices <input type="checkbox"/> Soil Erosion & Sediment Control <input type="checkbox"/> Wetland <input type="checkbox"/> Wetland Buffer <input type="checkbox"/> Riparian Buffer															
11. Acknowledgement of On-Site Infiltration PCBMPs I acknowledge that I have used my best effort to identify zones for which on-site infiltration are prohibited for Post Construction Best Management Practices (PCBMPs) in accordance with the Ordinance (15-63.B) <table style="width:100%; border: none;"> <tr> <td style="width:40%;">_____</td> <td style="width:40%;">_____</td> <td style="width:20%;">_____</td> </tr> <tr> <td>Signature of Applicant</td> <td>Print Name</td> <td>Date</td> </tr> </table>				_____	_____	_____	Signature of Applicant	Print Name	Date						
_____	_____	_____													
Signature of Applicant	Print Name	Date													
12. Freedom of Information Act (FOIA) I acknowledge that all architects' drawings, engineers' technical submissions and other construction-related technical documents containing stormwater management information submitted with this application may be made available for inspection or copying by the County, notwithstanding 5 ILCS 140/7(1)(k), upon the written request for such materials. Such productions will be restricted to the following parties: i) the Applicant ii) any subsequent owner of the subject property; or iii) any governmental unit having planning or drainage jurisdiction within 1 and ½ mile of the subject property. <table style="width:100%; border: none;"> <tr> <td style="width:40%;">_____</td> <td style="width:40%;">_____</td> <td style="width:20%;">_____</td> </tr> <tr> <td>Signature of Applicant</td> <td>Print Name</td> <td>Date</td> </tr> <tr> <td style="width:40%;">_____</td> <td style="width:40%;">_____</td> <td style="width:20%;">_____</td> </tr> <tr> <td>Signature of Owner</td> <td>Print Name</td> <td>Date</td> </tr> </table>				_____	_____	_____	Signature of Applicant	Print Name	Date	_____	_____	_____	Signature of Owner	Print Name	Date
_____	_____	_____													
Signature of Applicant	Print Name	Date													
_____	_____	_____													
Signature of Owner	Print Name	Date													
13. Statement of Opinion for Minimum Criteria for Stormwater Management I am a Professional Engineer under the employment of the Applicant. It is my professional opinion that the development meets the minimum criteria for stormwater management in accordance with the Ordinance (15-36) <table style="width:100%; border: none;"> <tr> <td style="width:40%;">_____</td> <td style="width:40%;">_____</td> <td style="width:20%;">_____</td> </tr> <tr> <td>Signature of Professional Engineer</td> <td>Print Name</td> <td>Date</td> </tr> </table>				_____	_____	_____	Signature of Professional Engineer	Print Name	Date						
_____	_____	_____													
Signature of Professional Engineer	Print Name	Date													



DUPAGE COUNTY STORMWATER MANAGEMENT CERTIFICATION APPLICATION (2/2)

Stormwater Application No: _____	Community Tracking No: _____
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14. Statement of Opinion for Presence of Flood Plain, Wetlands, and Buffers (15-47-A.5)

<input type="checkbox"/> I acknowledge the presence of flood plain. <input type="checkbox"/> I deny the presence of flood plain.	<input type="checkbox"/> I acknowledge the presence of wetlands. <input type="checkbox"/> I deny the presence of wetlands.	<input type="checkbox"/> I acknowledge the presence of buffers. <input type="checkbox"/> I deny the presence of buffers.
Signature of Qualified Professional _____ Date _____ Printed Name _____	Signature of Qualified Professional _____ Date _____ Printed Name _____	Signature of Qualified Professional _____ Date _____ Printed Name _____

15. Soil Erosion & Sediment Control Submittal Requirements (15-50.B)
(For developments with less than 1 acre of land disturbance that are not part of a larger common plan)

I certify that the development meets the soil erosion and sediment control design criteria found in Article VII have been met.

Signature of Qualified Designer _____ Print Name _____ Date _____

16. Soil Erosion & Sediment Control Requirements (15-59.W) (For developments with land disturbing activities greater than 1 acre)

I acknowledge that the site complies with the IEPA NPDES ILR10 Permit.

Signature of Applicant _____ Print Name _____ Date _____

17. Acknowledgement of Required As-Built Plans (15-47.B)

I acknowledge that a record drawing signed by either a Professional Engineer or a Professional Land Surveyor depicting the as-constructed size, rim, and invert elevations of pipes, stormwater structures and culverts, and contours and flood storage volumes of all required basins of the major stormwater systems and minor stormwater systems shall be submitted for review and approval upon completion of the stormwater facilities.

Signature of Owner _____ Print Name _____ Date _____

18. Intentional Misrepresentation Under Penalty of Perjury

I declare that I have examined and/or made this application and rider, and it is true and correct to the best of my knowledge and belief. I realize that the information that I have affirmed hereon forms a basis for the issuance of the stormwater management certification(s) herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of any applicable ordinance or to excuse the owner or his successors in title from complying therewith. The Owner and Applicant each understand and agree to construct said improvement in compliance with all provisions of the applicable ordinances.

Signature of Applicant _____ Print Name _____ Date _____

Signature of Owner _____ Print Name _____ Date _____

DO NOT WRITE BELOW THIS LINE

19. Security (15-54)

Stormwater Facilities	\$ _____
Wetlands/Natural Area	\$ _____
SE/SC	\$ _____
Total	\$ _____

20. Stormwater Fees

Community Review	\$ _____
DSCSM Review	\$ _____
Fee-in-Lieu Wetland	\$ _____
BMP	\$ _____

Seal/Stamp

Certifications expire December 31st of the third year of Certification or Authorization, whichever is earlier.

21. Final Approvals (See Certification letter for special conditions and general conditions.)

Community Certification _____
Date _____ Approved by/title _____

County Authorization _____
Date _____ Approved by/title _____