



Tax Parcel # \_\_\_\_\_

Date \_\_\_\_\_

### SOIL AND EROSION PERMIT APPLICATION

Fee(s): \$1,600 (For Single Application)

\$2,000 (Combined Soil & Erosion and Stormwater Applications)

**\*\* FEES DUE UPON PERMIT SUBMITTAL \*\***

*Willistown Township*

*688 Sugartown Road*

*Malvern, PA 19355*

Phone 610.647.5300

Fax 610.647.8156

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Zoning District \_\_\_\_\_

**Property Owner's Signature** \_\_\_\_\_

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Check the following items that are submitted with application:**

- \_\_\_\_\_ Erosion and sedimentation control narrative
- \_\_\_\_\_ Stormwater management facilities
- \_\_\_\_\_ Plan of property, dated \_\_\_\_\_
- \_\_\_\_\_ Drainage details, dated \_\_\_\_\_
- \_\_\_\_\_ Details of sedimentation and stormwater control, dated \_\_\_\_\_
- \_\_\_\_\_ Maintenance provisions for stormwater facilities (See sections 73-43 through 73-45 of Environmental Protection Ordinance)

Refer to Subdivision \_\_\_\_\_

**Please Note:**

The application fee covers all inspections and engineering reviews for this project. If a plan has to be resubmitted due to nonconformance to the Willistown Township Environmental Protection Ordinance then a resubmission fee of \$500 will be charged.

Soil and Erosion must be approved before any Building Permits can be processed.

Applicant should refer to the Willistown Township Environmental Protection Ordinance (Chapter 73) for soil and erosion permit requirements.

*Please do NOT write below this line*

Code Administration Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_



WILLISTOWN TOWNSHIP  
REIMBURSEMENT AGREEMENT

I (We) hereby agree to reimburse Willistown Township for all fees and or expenses that Willistown Township may incur for the review of submitted plans, costs of inspections, related legal costs or any other services provided by the Township or its consultant(s) or legal counsel.

Payment is due, upon receipt, within 30 days.

\_\_\_\_\_  
Owner(s) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Owner(s) Name

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant(s) Name

This form must be notarized and both owner and/or applicant MUST sign.