



Tax Parcel # _____

Date _____

**WILLISTOWN TOWNSHIP
SOIL & EROSION PERMIT APPLICATION**

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

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

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

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:

As noted above, the application fee for only the Soil & Erosion Permit is **\$1,600** and the combined Soil & Erosion/Stormwater Management Permit is **\$2,000**, which fees include the following: **1 pre-construction meeting, 1 plan review, 2 inspections, and the Soil & Erosion/Stormwater Management Permit**. Any additional field inspections, meetings, etc. for this project will be billed at the current hourly rate found in the current [fee schedule](#). A resubmission fee of \$700 will be charged for an additional Township Engineer review due to nonconformance to the Willistown Township Environmental Protection Ordinance. See **Reimbursement Agreement** on Page 2 attached. Application is deemed incomplete unless a signed and notarized copy of page 2 accompanies this application.

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/stormwater management 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.
Name & mailing address where bills are to be sent:

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.