



**Stormwater Clearance Application
for the Renewal of a Stormwater Pollution Prevention
Plan (SWPPP) - Greater Elkhart County MS4**



RENEWAL

Revised 11/16

Project Name*:				
Municipal Jurisdiction:		<input type="checkbox"/> Elkhart	<input type="checkbox"/> Goshen	<input type="checkbox"/> Elkhart County
Civil Township:	Quarter:	Section:	Township:	Range:
Project Site Owner (Company)*:				
Contact Person:				
Address:				
City:		State:	Zip:	
Phone:	Fax:		Email:	
Plan Preparer Name*:				
Company Name:				
Address:				
City:		State:	Zip:	
Phone:	Fax:		Email:	
On-site Erosion Control Supervisor* (Required Field):				
Company Name:				
Address:				
City:		State:	Zip:	
<small>(A trained individual responsible for self-inspection and record-keeping as defined by 327 IAC 15-5-4(41))</small>				
Phone:	Fax:		Email:	
Name of receiving water:				
<small>(If stormwater is retained on site, name the nearest possible receiving water.)</small>				
Total Project Acreage:	Acres	Disturbed Acreage:	Acres	
Total Impervious Surface for Completed Project:		Square Feet		
<small>(as defined by 327 IAC 15-5-4(16) including structures, roads, parking lots, and other similar improvements)</small>				

Subject to penalty of law, the undersigned represents and certifies that the information and facts stated on this form are true, accurate, and complete.

Printed Name: _____ **Title:** _____

Signature of Project Site Owner:** _____

Date: _____

*Please provide updated contact information.

**As defined by 327 IAC 15-5-4(30), normally a developer or person who has financial and operational control of construction activities and project plans and specifications.

For Office Staff Only		
Renewal Fee: \$ _____		
Date Received	Date Renewed	Date Denied
<p>Make Checks Payable to: Elkhart County Treasurer</p> <p>SUBMIT Application and Fee to the SWCD Office at 17746-B CR 34 Goshen, IN 46528</p> <p>call 574-533-4383 ext 3 for more information.</p>		