CITY OF
TEXARKANA
Public Works Department TEXAS
919 Elm Street
Texarkana, TX 75501
Phone (903) 798-3948
Fax (903) 792-6419

# Stormwater Permit Application – Special Construction Site

***Project Information***:

Name/Addition/Lot No.: _____

Description: _____

Physical Site Address: _____

Amount of Land Disturbed (Acres):_____ Part of a Common Plan of Development ☐Yes ☐No
Total Project Area (Acres):_____ Is this an addendum to an existing SWP3? ☐Yes ☐No

***Owner/Developer Information:***

Name: _____

Address: _____

Phone: ( )_____ Fax: ( )_____ Work E-mail:_____

***Consultant/Engineer Information:***

Name: _____

Address:_____

Phone: ( )_____ Fax: ( )_____ Work E-mail:_____

**Stormwater Permit Application is to be posted at the construction site.**

**I certify that the information on this form and the attached plans is true and accurate to the best of my/our knowledge and will abide by the conditions of the approved Erosion and Sediment Control Plan (ESCP).**

_____ _____ _____
Applicant's Printed Name Applicant's Signature Date

| **For Office Use Only** | |
|---|---|
| ☐ | Erosion and Sediment Control Plan (ESCP) |
| **Notes:** | |
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| | |
| | |

_____ _____
Signature Approval by Stormwater Engineer Date Approved