



Town of Chesteron Storm Water Utility

DATE: _____

1490 Broadway, Ste. 3
Chesteron, IN 46304

Phone: 219-728-1336
Fax: 219-929-1428

Erosion and Sediment Control Permit Application (Rev 01/19)

Project Information:

ESC Permit No. _____

Subdivision/Project Name: _____

Property Size/Area: _____ square feet Watershed: _____

Property Address/Location: _____ Map Attached: Yes No

Stormwater Control/Maintenance Contact Person: _____

Property Owner Information:

Name: _____
Property Owner's Name

Mailing Address: _____
City State Zip

Telephone No.: _____ Fax No.: _____ Email: _____

Engineer Information:

Name: _____ Title: _____
Firm Name and/or Contact Person

Mailing Address: _____
City State Zip

Telephone No.: _____ Fax No.: _____ Email: _____

1. Name of nearest receiving waterbody: _____
Distance in feet to nearest receiving waterbody: _____
2. Are there any wetlands located on the property? Yes No
If yes, have they been delineated? Yes No
3. Are any federally jurisdictional wetlands being impacted by this project? Yes No
If yes, has a U.S. Army Corps permit been issued? Yes No
U. S. Army Corps Permit # _____
4. Are any State jurisdictional wetlands being impacted by this project? Yes No
If yes, has an Indiana DNR permit been issued? Yes No State Permit # _____
5. What is the total acreage of wetland impacts? _____
On an 8.5" x 11" copy of a site plan indicate the wetland impacts and the proposed mitigation.
6. Is the project within/near the 100-year floodplain limits of a channel, drainageway, stream or creek?
Yes No



Town of Chesterton Storm Water Utility

Application for Erosion and Sediment Control Permit—Page 2

7. Are there any existing flooding problems in the downstream watershed? Yes No Don't Know
Please explain: _____

8. Will this project disturb one (1) acre or more? Yes No

9. Is this project part of a larger common plan for development of sale? Yes No

I declare and affirm, under penalty of perjury, that to the best of my knowledge, information and belief in all matters and facts in this application are correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner and the standard conditions on the previous page are made part of the approved Construction Plan/Stormwater Pollution Prevention Plan. I agree that all conditions of approval stated below will be complied with under this permit.

Signature: _____
Signature of Property Owner or Authorized Agent Printed Name Date

Conditions of Approval:

1. The Project Owner or authorized representative has purchased a copy of the Town of Chesterton Storm Water Best Management Practices Technical Manual (BMP Manual).
2. No construction activity or land disturbing activity shall occur prior to issuance of the Erosion and Sediment Control Permit by the MS4 Coordinator.
3. No mass grading of the project site shall occur unless authorized. Mass grading done without prior authorization will result in a Notice of Violation or an immediate Stop Work Order.
4. A Notice of Intent must be submitted to the MS4 Coordinator and the Indiana Rule 5 Storm Water Coordinator at least 48 hours prior to initiation of land disturbing activities at the project site pursuant to Chesterton's Town Code Chapter 24.
5. All sediment control work must comply with Chapter 24 Requirements for Construction Plan/Storm Water Pollution Prevention Plan (SWPPP).
6. Storm water quality measures beyond those specified in the Construction Plan/SWPPP will be implemented during the life of the permit if necessary to comply with Chapter 24.
7. If the MS4 Coordinator finds that the SWPPP is inadequate or inappropriate, then additional plans or modifications thereof will be required as requested.
8. A storm water quality self-monitoring program must be implemented at all project site locations pursuant to Chapter 24.
9. The Town shall make regular inspections on all projects pursuant to Chapter 24.

Fees for all lots greater than or equal to 1 acre:

\$250.00 + Total lot(s) cost _____ = \$ _____ = Total Application Fee (\$260.00 Minimum)
(Flat Fee) (# of lots x \$10.00 per lot)

- Payment Received
- Copy of Receipt & Check