



**POST-CONSTRUCTION STORMWATER
DISCHARGE (CSD) LICENSE APPLICATION**

Public Works

405-671-2874

4500 N.E. 4th Street
Del City OK 73117

Fax: 405-671-2887

Community Development

405-670-7314

3701 S.E. 15th Street
Del City OK 73115

permits@cityofdelcity.org

www.cityofdelcity.com

APPLICATION CHECKLIST

- _____ Signed Application
- _____ Site Plan
- _____ Best Management Practices
- _____ As Built Plans for Any Structural BMPs
- _____ Applicant Certification
- _____ Property Owner Certification
- _____ Other Miscellaneous Information

All required documents must be submitted in its entirety to permits@cityofdelcity.org.

Incomplete applications will not be accepted.

FOR STAFF USE ONLY:

| | | | |
|------------------|-------|-----------------------|-------|
| CODE: | _____ | STATE LIC. EXP. DATE: | _____ |
| ZONING: | _____ | DATE INFO. ENTERED: | _____ |
| FLOODPLAIN: | _____ | INFO. VERIFIED BY: | _____ |
| STORMWATER: | _____ | TOTAL FEE(S): \$ | _____ |
| DRAINAGE: | _____ | RECEIPT NUMBER: | _____ |
| PUBLIC WORKS: | _____ | LICENSE NUMBER: | _____ |
| FIRE DEPARTMENT: | _____ | | |
| INSPECTIONS: | _____ | | |



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CURRENT FACILITY / SITE OPERATOR INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail Address: _____

FACILITY LOCATION:

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Latitude: _____ Longitude: _____

Quarter: _____ Section: _____ Township: _____ Range: _____

PLEASE CHECK THE LICENSE(S) BOX(ES) YOU ARE APPLYING FOR AND SUBMIT THE APPROPRIATE FEE(S):

| | | | | |
|----|--|--|-----------------------------------|-----------------------------------|
| | | <u>NEW</u> | <u>RENEWAL</u> | <u>Transfer</u> |
| 1. | <input type="checkbox"/> Post CSD License | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$100.00 |
| 2. | <input type="checkbox"/> Best Management Practice | <input type="checkbox"/> \$50.00 per covered BMP | | |
| | | Total #BMP: _____ | | |

1. For Renewals or Transfer, the City of Del City *must have a current license* on file from previous year.
2. The City of Del City requires a Copy of the State License and Driver's License on file.
3. License must be renewed within one (1) year.

APPLICANT'S SIGNATURE: _____

DATE: _____

Applicant Certifications

I certify under the penalty of law that I have personally examined and I am familiar with the information submitted in the attached document; and based on my information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of a fine and/ or civil penalty. _____ (initial)

I understand that I am required to conduct inspections of this property in accordance with the requirements of the CSD Permit and associated regulations and maintain a log of all inspection and maintenance activities. _____ (initial)

I certify that I have read and understand the regulations to stormwater quality found in Chapter 16 of the Del City Code of Ordinances and understand the consequences of noncompliance. _____ (initial)

I certify that the Best Management Practices (BMPs) have been designed to cause no adverse impact to any property and that the property owner accepts sole responsibility for any current or future adverse impacts cause to this or any other property due to the proposed or constructed changes or improvements. _____ (initial)

I hereby submit this application for a Post-Construction Stormwater Discharge License.

APPLICANT SIGNATURE

DATE

Property Owner Certifications

I certify under the penalty of law that I have personally examined and I am familiar with the information submitted in the attached document; and based on my information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of a fine and/ or civil penalty. _____ (initial)

I certify that I have read and understand the regulations to stormwater quality found in Chapter 16 of the Del City Code of Ordinances and understand the consequences of noncompliance. _____ (initial)

I certify that the Best Management Practices (BMPs) have been designed to cause no adverse impact to any property and that the property owner accepts sole responsibility for any current or future adverse impacts cause to this or any other property due to the proposed or constructed changes or improvements. _____ (initial)

I certify that the applicant has my authorization to submit the Post Construction Stormwater Discharge license application. I certify that I understand that as the Property Owner, I am ultimately responsible for anything that is done to the property. _____ (initial)

PROPERTY OWNER SIGNATURE

DATE