



STORMWATER MANAGEMENT PERMIT APPLICATION
CITY OF OLIVE BRANCH

Permit No.

Applicant/Developer Name:		Property Address and Common Name of Project:	
Applicant Address:	Phone No.	Fax No.	Subdivision/Section
City:	State & Zip:	Email:	Permanent Parcel No.
Size of Parcel (acres):		Disturbed Area (acres):	
Duration of Project: Start Date:		Finish Date:	
Name of Property Owner, if Other than Applicant		Address:	
Phone:	Fax:	Email:	
Developer's On-Site Inspector/Contact:			Phone:
Application Check List: <input type="checkbox"/> Training Certificate <input type="checkbox"/> MDEQ Permit <input type="checkbox"/> MDH Permit <input type="checkbox"/> USACOE <input type="checkbox"/> Erosion Control Plan			
CONSTRUCTION MUST BEGIN WITHIN ONE YEAR FROM DATE OF ISSUE UNDER THIS PERMIT			
Permit Fee: \$			Date Paid:
This application is hereby made for a permit for the activity of activities described herein. I am familiar with the information contained in this application and it is true complete and accurate to the best of my knowledge. I understand that these requirements will be inspected and enforced by the City of Olive Branch and the Mississippi Department of Environmental Quality and failure to comply may result in the issuance of a "stop work order" and/or other penalties until compliance is accomplished.			
Print Name and Title:			Signature (Developer)
Phone:	Fax:	Date:	
Permit Issued By:			Date:
Permit Approved By:			Date:
CITY OF OLIVE BRANCH ENGINEERING DEPARTMENT 9200 Pigeon Roost Olive Branch, MS 38654			
Phone: 662-892-9351		Fax: 662-892-9346	