

PUBLIC WORKS DEPARTMENT DEWATERING PERMIT APPLICATION FORM

NAME:	_____	EMAIL:	_____
ADDRESS:	_____		
CITY:	_____	STATE:	_____
OFFICE PHONE:	_____	FAX:	_____
SIGNATURE:	_____	MOBILE:	_____
		DATE:	_____

CONTRACTOR INFORMATION

NAME:	_____	EMAIL:	_____
ADDRESS:	_____		
CITY:	_____	STATE:	_____
OFFICE PHONE:	_____	FAX:	_____
SIGNATURE:	_____	MOBILE:	_____
		DATE:	_____

LOCATION OF DEWATERING SITE

PROJECT NAME:	_____		
ADDRESS:	_____		
CITY:	_____	STATE:	_____
		ZIP CODE:	_____
PURPOSE FOR DEWATERING:	_____		

EQUIPMENT TO BE USED:

LOCATION OF DISCHARGE POINT:

NAME OF BODY OF WATER AFFECTED:

SUBMITTAL CHECKLIST

<input type="checkbox"/> EXPLANATION LETTER ABOUT WORK
<input type="checkbox"/> DERM CLASS V PERMIT
<input type="checkbox"/> PLAN/SKETCH ABOUT THE PROPOSAL AND THE AFFECTED DRAINAGE SYSTEM
<input type="checkbox"/> SEDIMENTATION TANK SPECIFICATIONS
<input type="checkbox"/> PUMP SYSTEM & PUMP RATE
<input type="checkbox"/> DETAIL (DRAWINGS) ON TURBIDITY CURTAINS OR BARRIERS