

BOROUGH OF MOUNT JOY
DEPARTMENT OF PLANNING, ZONING & CODES COMPLIANCE

APPLICATION FOR
STORM WATER MANAGEMENT PLAN



Plan and Permit Fee: \$250.00

At a minimum, the Stormwater Management Plan shall include:

- A narrative summarizing the proposed project, design methods used, and a table comparing post development peak flows with pre-development peak flows.
- A Drainage Area Map with topographical contours showing upstream contributing drainage areas and labeled to coincide with the drainage computations.
- Floodplain and/or floodway boundaries as defined on the Mount Joy Borough Flood Insurance Study, Flood Boundary and Floodway Map, if applicable.
- Inland Wetland boundaries as defined on the Mount Joy Borough Inland Wetlands and Watercourses Map or as field delineated by a soil scientist.
- An inventory and evaluation of on-site hydraulic structures and watercourses within the downstream zone of influence with information on their flow capacity and physical condition. The downstream of influence generally extends to the next two existing structures downstream of the proposed outlet. The Engineer will confirm the exact location of the limit of analysis required.
- Identification of drainage structures and watercourses that are inadequate under existing or reasonably anticipated future conditions.
- Identification of the peak rate of runoff and flow velocities at various key points in the watershed and the relative timing of the peak flow rates.
- Supporting calculations (including times of concentration and runoff coefficients) for all proposed drainage facilities, including but not limited to: piping, structures, riprap, swales, detention basins, drywells, etc.
- Ponding calculations at all low points.
- Identification of aquifers or aquifer zones of contribution within the limits of the project.

The report shall be supplemented with three (3) complete set of construction plans showing, in both plan and profile, all existing and proposed storm drainage features. Tops of frame and invert elevations of all structures are required. Construction details shall also be provided for all drainage structures. Drainage structures and pipe systems shall be labeled to coincide with the drainage calculations.

Electronic copies of drainage computations shall be submitted with the Stormwater Management Plan upon request.

APPLICATION INFORMATION

1. Project Name: _____

2. Project Location: _____

Parcel Tax Map Number(s): _____

3. Project Description:

Existing Land Use: _____ No. of Lots/Units: _____

Total Acreage: _____

4. Applicant Name(s): _____

Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

5. Property Owner Name(s): _____

Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

6. Firm Which Prepared Plan: _____

Project/Plan Number: _____ Plan Date: _____

Name of Contact Person(s) for Plan: _____

Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

7. Zoning Hearing Board / Conditional Use Approval Date: _____

AUTHORIZATION / SIGNATURES

The undersigned hereby represents that, to the best of his/her knowledge and belief, all information listed in this application and on any attached plans or forms is true, correct and complete. The undersigned also authorizes the Borough of Mount Joy to enter the property in question for a general site inspection. The undersigned agrees to accept and abide by the applicable Ordinances, Resolutions, Rules and Regulations including application fees and reimbursement of Borough review expenses now in effect for the Borough of Mount Joy.

Signature of Applicant

Date

Printed Name

Signature of Applicant Engineer

Date

Printed Name

(For Borough Use Only)	
MJB File No. _____	
Date Application Received: _____	Application Accepted: Yes No*
* Reason(s) for non-acceptance of application: _____	
Expiration Date: _____	Extensions/Expiration: _____
Application Fee Paid: _____ Cash _____ Check (# _____)	
<u>MEETING RECORD</u>	
Date of Planning Commission Meetings: _____	
Date of Planning Commission Recommendation: _____	
Date of Council Meetings: _____	
Date of Council Action: _____	

LCCD Approval _____ Conditions Acceptance _____ Improvement Guarantee _____

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