

**TOWNSHIP OF ROSTRAVER – BOARD OF COMMISSIONERS
APPLICATION FOR STORMWATER MANAGEMENT EXEMPTION**

Date of Application: _____

Original Permit No.: _____ Exemption No.: _____

Property Address: _____

Tax Assessment No.: 56-_____ Zoning: _____

Project Name: _____

Property Owner: _____

Address: _____

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

Engineer: _____

Address: _____

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

Disturbed Acres for project: _____

Total Disturbed Acres for site: _____

Attach 2 copies of stormwater management exemption calculations

Submit \$100.00 for Stormwater Management Exemption.

(Make check payable to Rostraver Township)

I hereby affirm that the above information is true and correct and the stormwater management exemption shall be compiled within accordance with all applicable Township Ordinances.

Signature of Property Owner: _____

REVIEW OF APPLICATION AND ISSUANCE OF EXEMPTION

The application is hereby approved and the exemption is issued on _____

The application is hereby rejected for the following reason(s) on _____

TOWNSHIP OF ROSTRAVER
WESTMORELAND, PA

Rostraver Township Engineer

NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE