CITY OF SHERWOOD

APPLICATION FOR STORMWATER PERMIT

2199 East Kiehl Ave.

Sherwood, Arkansas 72120-3124

(501) 835-4753 Office

(501) 835-5811 Fax

Permit Number:_____

Applicant's Name:_____Phone:_____

Applicant's Address:_____

Contractor's Name:_____Phone:_____

Contractor's Address:_____

Permitting Address:_____

Project Description:_____

Best Management Practices:_____

_____ADEQ Permit:___Yes___No

Total Project Square Footage:_____

Project Start Date:_____Project End Date:_____

Signature:_____

“ALL PROTECTIVE DEVICES MUST BE IN PLACE BEFORE GRADING OCCURS”