



STORMATER MANAGEMENT SUMMARY PROJECT INFORMATION SHEET

Project Name:						
Address:						
Location: (provide directions)						
Property Owner/ Project Applicant:						
Address	Street:					
	City:				State:	Zip:
Phone:				Fax:		
Contact Name:				Contact Email:		
Design Consultant:						
Address	Street:					
	City:				State:	Zip:
Phone:				Fax:		
Responsible Design Professional:				Email:		

PROJECT INFORMATION

MDE NOI General Permit:			PGM Number:			SCD Number:		
Total Number of Structural BMPs:							Total Number of ESD or Alternate Devices:	
Total Project Area (acres):							Total Disturbed Area (acres):	
Total Impervious Area (acres):							Total Drainage Area (acres):	
Private Stormwater Easement Agreement:			Public Stormwater Easement Agreement:				Private SWM Easement Inspection & Maintenance Agreement:	
Date:			Date:			Date:		
Book:	Page:	Book:	Page:	Page:	Book:	Page:	Page:	

BMP / ESD Owner:							
Address	Street:						
	City:				State:	Zip:	
Phone:	Fax:						
BMP / ESD Owner Contact:				Email:			
Post Office name (location of the project):							
Tax Map:	Parcel:				Grid:		
Project Description:							
*State Watershed - Maryland 8-digit hydrologic unit code:							