TOWNSHIP OF NEWLIN

CODES DEPARTMENT

P.O. BOX 447, UNIONVILLE, PA 19375 | Phone: 610-486-1141 | Fax: 888-659-8823
www.newlintownship.org

Impervious Coverage Worksheet

Property Owner's Name _____

Address of Property _____

Parcel ID #_____ Phone Number _____

Total Project Area of Disturbance (square feet)_____ A

Previously Installed Impervious Coverage since January 1, 2014_____ B

Total Project Area of New Impervious Surface Being Proposed_____ C

Total Cumulative Impervious Coverage Installed since January 1, 2014_____ D (B+C)

Stormwater Management Submission Type:

- ☐ Exempt
- ☐ Minor Stormwater Site Plan
- ☐ Stormwater Site Plan

Total New Impervious Area Since January 1, 2014 _____ (Same as D above)
(This value to be used for "Previous Impervious Area prior to January 1, 2014 for subsequent permit applications".)

Acknowledgement **-** I declare that I am the property owner, or representative of the owner, and that the information provided is accurate to the best of my knowledge. I understand that stormwater may not adversely affect adjacent properties or be directed onto another property without written permission. I also understand that false information may result in a stop work order or revocation of permits. Municipal representatives are also granted reasonable access to the property for review and/ or inspection of this project if necessary.

Signature_____ Date _____

Printed Name: _____

This form to be filled out for all projects requiring a zoning, building, or stormwater permit.