



Storm Water Management Permit/Application

City Hall • 333 West Ellsworth Street • Midland, Michigan 48640-5132 • 989.837.3300 • 989.835.2717 Fax • www.Midland-mi.org

Date: _____

Permit Number: _____

Location: _____

Project Name: _____

Owner/Developer: _____

Owner Address: _____

Owner Phone: _____

Design Engineer: _____

Engineer Address: _____

Engineer Phone: _____

DETENTION DATA SUMMARY:

Site Area: _____

% Impervious Area: _____

Runoff Curve No: _____

Allowable Outflow: _____

Actual Outflow: _____

Design High Water Elevation: _____

Detention Volume Required: _____

Detention Volume Provided: _____

Restrictor Size: _____

Notes: _____

I attest that it is our intent that this stormwater facility design fully complies with the City of Midland Standards and Ordinances and we agree to follow all aspects of the ordinances and standards whether fully or accurately depicted on construction documents or not.

Owner's Representative _____

Date _____

Storm Water Permit Fee: _____ Paid: _____

Approved for Issuance by: _____ *City Engineer*

Date Issued: _____

Permit Expires: _____