

RHODE ISLAND DEPARTMENT OF ENVIROMENTAL MANAGEMENT Office of Water Resources – Groundwater and Freshwater Wetlands Protection 235 Promenade Street, Providence, RI 02908 Telephone: 401-222-6820; Rhode Island Relay: 711

## Application for Stormwater Construction Permit and Water Quality Certification

Use this form to request a Stormwater Construction Permit (RIPDES CGP or GWD/UIC) or Water Quality Certification (WQC). If a Freshwater Wetlands (FWW) Application is required, this form must be submitted in addition to the <u>FWW Application form</u>. If a WQC is requested as part of a Federal Permit which is not covered under a General Permit and therefore requires State certification, this form must be submitted in addition to the **Supplemental Water Quality Certification Request Form**.

Please fill out this form electronically, print the completed form, and submit with all required documentation/fee to: Permit Application Center (PAC) RIDEM 235 Promenade Street, Room 260 Providence, RI 02908-5767

- Check or money order must be made payable to the Rhode Island General Treasurer
- Stormwater Construction Permit Fee will be waived for applications submitted concurrently with a Freshwater Wetlands Application.

		Select:	New Perm	it Permit Modi	ification	Exten	sion and/or Renewal
	City/Town:		Street Address:				Water Body Class:
Site & Project	Project Name:		Plat(s):	Lot(s):	Latitude:		Longitude:
	Location:			Utility Pole:	Water Body Name(s):		
Sit	Total Site Area:	Site to be Disturbed:	RIDOT PTSID #:	RI Contract #:	Was the	ere a Pre-Ap	plication Meeting?
	acres	acres			Ye	es	No
Owner/Applicant	Organization/Compan	y Name: 🚺		Name and Email of Ow	ner's Representative for Questions: 🕧		
	First Name: 🚺		Last Name:		Owner's Email:		
	Address:			City/Town:	State:	Zip	Phone
	I certify under penalty of law that I've requested and authorized the investigation, compilation, and submission of all the information, in whatever form, contained in this Application; I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I'm aware that it's the owner's responsibility to implement or hire a qualified contractor responsible to implement any required Soil Erosion and Sediment Control Plan, so as to effectively control stormwater discharges leaving the site during the construction period. I authorize RIDEM personnel access to the property for purposes of observing conditions pertinent to this application and assessing compliance with any permit or determination resulting from this application.						
	Applicant Signature:		Title:			Date:	
Professional	Organization/Compan	y Name:		Professional's License Type(s) and Number(s			):
	Professional's Name: ႐		Professional's Email:		Phone:		
	I certify under penalty of law that the project de scribed in this application and associated materials is in compliance with the RI Stormwater Design and Installation Standards Manual (as amended) and the Rhode Island Soil Erosion and Sediment Control Handbook (as amended) [if required] and I believe all information presented in this application and the accompanying materials are true, accurate and complete. All engineering designs, plans and specifications [if required] included in this application were done by me or by someone working directly for me. The Natural Heritage Area Information [if required] and the site specific Soil Erosion and Sediment Control Plan [if required] were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering or developing the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete at the time this application is made. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
	Professional's Signature			Title:		Date:	

F	PERMIT HISTORY AND APPLICABILITY Please check ALL boxes that apply to the proposed project.					
Permit History	Provide all other appli					
Per His	RI CRMC Assent:	US Army Corp. of Engi	neers:	RIDEM Program Name & File Number:		
	Select all that apple					
	There are Freshwate					
	New or increased					
	Disturbance of m					
ity	To fill in any amo					
ctiv				<u>Refer to Freshwater Wetland Rules</u>		
ion Ac			sted in 8.21 of the <u>Storn</u> chamber or drywell) th	nwater Rules at receives stormwater from:		
ncl	A residential imp	ervious area that is mo	re than 10,000 sq. ft.; or			
str	A non-residential	roof area greater than	10,000 sq. ft.; or			
<u>lo</u>	A non-residential	(commercial, industria	l, institutional) road o	or parking area of any size.		
er (	Indicate if the treat	ment system discharges	3:			
vati	Below the ground					
Stormwater Construction Activity	Above the ground with the <u>RISDISM</u>					
	The project proposes of [including a Separate S Disturbs less than disturbance. Disturbs more that					
Ţ	Select all project ty					
on (WQC)						
M	Discharge that re					
	Federal Energy					
fica	Marinas-Nev Fill Waters o					
Water Quality Certificati	ACOE Individ					
V CE	ACOE Fill in					
alit	Other					
On	Harbor Managem					
ter	Flow Alterations/					
Wa	Stormwater Mast	er Plan	<u>Refer to</u>	Water Quality Rules and Application Guidance		
	Please submit separat submitting concurrent	Amt. Paid:				
nts	1 Site Plan(	Check No:				
<u>ssic</u> me	1 Appendix A Checklist/LID Planning Assessment					
Submission. Requirements	<ol> <li>Stormwater Management Plan (Includes SESC Plan, O&amp;M Plan, and SW Plan (Includes SESC Plan, 1)</li> <li>O&amp;M Plan, and SW</li> </ol>				Date Received:	
	Appropr					

Remember to notify RIDEM, in writing, of the anticipated start date and of the contractor's contact information by submitting the Notice of Start of Construction form prior to the commencement of any site alterations or construction activity.



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## **Supplemental Water Quality Certification Request Form**

This form only applies to projects that are requesting a Water Quality Certification as part of a Federal permit which is not covered by a General Permit and therefore requires State certification. **Review the WQC Application Instructions and Required Enclosures document for additional submittal requirements.** 

## Provide all applicable information:

Applicant Name:		Project Name:					
Additional Permits Describe all additional permits and/or authorizations required for the project (federal, interstate, state, tribal, terretorial, local, etc.). Indicate whether the authorization has already been approved or denied.							
Federal:	State:	Local:	Other:				
Date of Pre-application Meeting Request Attach documentation showing proof of pre-application meeting request. The Pre-application Meeting Request must be made at least 30 days prior to the submittal of the WQC Request.							
<b>Certification</b> I hereby certify that all information contained herein is true, accurate, and complete, to the best of my knowledge and belief, and hereby request that the certifying authority review and take action on this CWA 401 certification request within the applicable reasonable period of time.							
Applicant/Project Proponent's Sign	ature:	Title:	Date:				

## Please note that RIDEM OWR reserves the right to request additional information from the applicant during the Reasonable Period of Time that is needed to determine impact to State waters.