(Ordinance 89-37) Code Sec. 3-5-111)

A. Required for all site development; except (Code Sec. 3-5-113)

(1) Single, Duplex and Triplex Residential Units.

(2) Sheds and other accessory uses allowed in (1) above.

(3) Fences.

(4) Any proposal for a development activity causing insignificant impact upon stormwater facilities (to be determined by County Engineer).

B. Submittal Procedures/Requirements:

- (1) Two signed and sealed sets of plans.
- (2) One signed and sealed set of drainage calculations.
- (3) One completed application.

(4) Fee:

- a. 10 acres or less \$580.00
- b. Each additional acre \$21.00 per acre or part thereof.
- c. Resubmission after 2 rejections \$270.
- d. Plan modification after 1st approval \$270.
- e. Stormwater re-inspection fee for each re-inspection \$160.

(5) Contact:

(1) Stormwater Plans Examiner 941.575.3650

#### D. General Information

(1) Response review time from 5 to 30 days depending on complexity.

(2) Design of control structure based on 25-year 24 hour storm event.

#### **CHARLOTTE COUNTY STORMWATER FEES**

LAND DEVELOPMENT – BUILDING CONSTRUCTION SERVICES 18400 MURDOCK CIRCLE CHARLOTTE COUNTY, FLORIDA 33948

#### **EFFECTIVE MARCH 11, 2008**

STORMWATER APPLICATION FEE (LESS THAN 10 ACRES)	\$580.00
For each additional acre over 10 acres	\$ 21.00
(FEE IS BASED ON TOTAL ACREAGE OF PROJECT SITE)	
STORMWATER MODIFICATION AFTER 1ST APPROVAL	\$270.00
STORMWATER RE-INSPECTION FEE	\$160.00
(FOR EACH RE-INSPECTION AFTER EVERY REJECTION)	

STORMWATER APPLICATION RE-SUBMISSION AFTER 2 REJECTIONS \$270.00

P:\11and\stormwaterreview\stormwater fees

#### STORMWATER PLAN REVIEW APPLICATION Charlotte County Public Works Department

Office Use Only:		
Date Received:	Receipt #:	SW File #:

**Applicant:** Please respond to all of the questions as appropriate. When additional space is needed, attach additional pages and number of response accordingly. Project Name must match all documents, DRC, etc.

#### NAME OF PROJECT: \_\_\_\_\_

Address of Project: (requin	red including # & St	reet):		
1. Name of Applicant			Phone (	)
	E-mail address		Fax (	)
Address		City	St	Zip
2. Name of Local Agent				
	E-mail address _		Fax (	)
Address				
3. Owner(s) of Record				
		7:4		)
Address	(	_1ty	St	Zip
4. Land Surveyor			Phone (	)
			Fax (	)
Address	C	ity	St	Zip
5. Engineer			Phone (	)
-	E-mail Address		Fax (	)
Address	C	ity	St	Zip
6. Attorney			Phone ( )	
-				
Address		_City	St	Zip

## Stormwater submittal shall be made at the Building Construction Division, 18400 Murdock Circle, Port Charlotte, FL and will include:

- a) A completed Stormwater Plan Review Application.
- b) (1) copy of Stormwater calculations.
- c) (2) copies of signed and sealed drawings and <u>one original signed and sealed survey</u>
- d) Review Fee\*\* (See next page)

# \*\*Review Fee will be \$580.00 for the first 10 acres and \$21.00 for each additional acre or portion thereof. (Payable to: Charlotte County Board of County Commissioners.)

#### **PROPERTY INFORMATION**

7.	Legal Description: Lot Section/Unit	BlockSubd	ivision		
	Section/Unit Other:				
8.	Property Account Number ( (This number can be obtain property's tax bill.)	required) ed from the Property A	ppraisers Office 3 <sup>rd</sup>	floor. This numbe	er is also found on the
9.	Street Address (required)_				
10	. Property Size determine the fee required	acres	square	feet ( <i>This is the c</i>	acreage used to
11	. Type of Proposed Develop	nent:			
	A Residential	B Commercia	al C.	Industrial	
12	. Land Clearing: a. Total area to be clea	red: Acres			
	b. Indicate methods to	be utilized to prevent o	or retard erosion		
	c. Indicate the various	plant species to be rem	oved during the clea	ring process	
13	. Building Construction and/	or Paving Activities:			
A	. Total land area:	acres			
В	. Total surface area of all im	pervious acı	res.		
14	. Indicate the rational runoff management system. Predevelopment				
15	. Indicate the specific design	storm event. Duration	Free	quency	
16	If the stormwater managem	ent system utilized basi	in storage provide th	e following volu	nes:

Retention:	CF	Detention:	CF
------------	----	------------	----

17. Indicate the average seasonal high water table in the vicinity of all retention facilities?

18. Indicate the infiltration rate of the soils within the retention facilities \_\_\_\_\_\_Min/in.

19. Indicate the proposed ownership and maintenance obligation of the stormwater management facilities.

Public/Private (Circle One)

#### **PERMIT INFORMATION**

20. Date of SWFWMD or SFWMD Surface Water Management Permit approval \_\_\_\_\_\_ Attach a copy of the permit or an exemption letter.

Is a permit or approval required from the FL Dept. of Environmental Protection? Yes \_\_\_\_ No \_\_\_\_ If yes, **attach a copy of the permit or approval** 

Is a permit or approval required from FDOT? Yes \_\_\_\_ No \_\_\_\_ If yes, **attach a copy of the permit or approval**.

#### AFFADAVIT

(to be completed by ALL applicants)

I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorneyin-fact, agent lessee or representative of the owners of the property and which is the subject matter of the proposed review, that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before the review can be scheduled and that I am authorized to sign the application by the owner or owners. I further agree to comply with all stipulations and conditions that might be required by Charlotte County for approval of the stormwater plan should it be approved.

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument	was acknowledged before me this	_ day of	, 20
By:	(applicant's name), who is/are personal	lly known to me or v	who has/have
produced	as identification and who did/d	id not take an oath.	

Notary Public Signature

Notary Printed Signature

Title

Signature of Applicant or Authorized Agent

Applicant's Printed Signature

Address

**Commission Number** 

If signed by an agent, letter of authorization must be included with application.

June 26, 2008 P:\1Land\Stormwater Review Information/swapp.doc

### **STORMWATER RE-INSPECTION REQUEST**

LAND DEVELOPMENT – BUILDING CONSTRUCTION SERVICES 18400 MURDOCK CIRCLE CHARLOTTE COUNTY, FLORIDA 33948

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Stormwater Permit #: \_\_\_\_\_

Person Requesting Re-inspect: \_\_\_\_\_

Contact #: \_\_\_\_\_

Date Re-inspection Fee Paid: \_\_\_\_\_

Upon receipt of the completed form, the Land Development Inspector will call the Contact Number provided with the date of the inspection.

Complete this form for all stormwater re-inspections and fax to 941-764-4905.

## **STORMWATER RECORD DRAWING PROCEDURE**

Land Development – Building Construction Services 18400 Murdock Circle Charlotte County, Florida 33948

## **NOTICE**

As the ENGINEER OF RECORD for this project, please be advised that upon completion of construction, the ENGINEER OF RECORD shall provide two (2) sets of signed and sealed **RECORD DRAWINGS** to the Land Development Department along with a signed and sealed letter of certification on letterhead certifying that the project has been built in substantial compliance with the approved plans. Any deviations from the approved plans must be clearly stated in the Letter of Substantial Compliance.

Upon receipt of the **RECORD DRAWINGS**, an inspection of the site will be made. If the inspector finds any deficiencies, the ENGINEER OF RECORD will be notified of the deficiencies.

Upon correction of the deficiencies the Land Development Department shall be notified (form attached) to schedule the re-inspection. Every stormwater re-inspection required for the project will require the \$160.00 re-inspection fee prior to scheduling.

Stormwater inspections called in prior to **RECORD DRAWINGS** submittal will result in a rejection, which is \$160.00.