



**POST-CONSTRUCTION STORMWATER  
DISCHARGE (CSD) LICENSE  
APPLICATION PACKET**

**Public Works**  
**405-671-2874**  
 4500 N.E. 4<sup>th</sup> Street  
 Del City OK 73117  
 Fax: 405-671-2887

**Community Services**  
**405-670-7314**  
 3701 S.E. 15<sup>th</sup> Street  
 Del City OK 73115  
 Fax: 405-670-7368

[www.cityofdelcity.com](http://www.cityofdelcity.com)

**APPLICATION CHECKLIST**

- \_\_\_\_\_ Signed Application
  
- \_\_\_\_\_ Site Plan (2 ~~Paper Sets~~)
- \_\_\_\_\_ Site Plan (Electronic)
- \_\_\_\_\_ Best Management Practices
- \_\_\_\_\_ As Built Plans for Any Structural BMPs
  
- \_\_\_\_\_ Applicant Certification
- \_\_\_\_\_ Property Owner Certification
- \_\_\_\_\_ Other Miscellaneous Information

The construction drawings electronic version may be submitted either by CD, DVD, or email PDF at [permits@cityofdelcity.org](mailto:permits@cityofdelcity.org).

<b><u>FOR STAFF USE ONLY:</u></b>	
<b>Code</b> _____ <b>Zoning</b> _____ <b>Floodplain</b> _____ <b>Stormwater</b> _____ <b>Drainage</b> _____ <b>Public Works</b> _____ <b>Fire Department</b> _____ <b>Inspections</b> _____	<b>DATE SUBMITTED:</b> _____  <b>ENTERED INCODE BY:</b> _____  <b>PERMIT APPROVED:</b> _____  <b>DUE: \$</b> _____ <b>RECEIPT NO.</b> _____



# POST-CONSTRUCTION STORMWATER DISCHARGE LICENSE APPLICATION

**Community Services**  
**405-670-7314**  
3701 SE 15th Street  
Del City OK 73115  
[www.cityofdelcity.com](http://www.cityofdelcity.com)  
Fax: 405-670-7368

### CURRENT FACILITY / SITE OPERATOR INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: No. \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### FACILITY LOCATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

### PLEASE CHECK THE LICENSE(S) BOX(ES) YOU ARE APPLYING FOR AND SUBMIT THE APPROPRIATE FEE(S):

1.	<input type="checkbox"/> Post CSD License	<input type="checkbox"/> <u>NEW</u> \$200.00	<input type="checkbox"/> <u>RENEWAL</u> \$100.00	<input type="checkbox"/> <u>Transfer</u> \$100.00
2.	<input type="checkbox"/> Best Management Practice	<input type="checkbox"/> \$50.00 per covered BMP Total #BMP: _____		

- For Renewals or Transfer, the City of Del City *must have a current license* on file from previous year.
- The City of Del City requires a Copy of the State License and Driver's License on file.
- License must be renewed within one (1) year.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR STAFF USE ONLY:

STATE LICENSE EXPIRATION DATE: \_\_\_\_\_

INFO ENTERED: \_\_\_\_\_

INFO VERIFIED: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_ TOTAL FEE(S): \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

**Applicant Certifications**

I certify under the penalty of law that I have personally examined and I am familiar with the information submitted in the attached document; and based on my information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of a fine and/ or civil penalty. \_\_\_\_\_ (initial)

I understand that I am required to conduct inspections of this property in accordance with the requirements of the CSD Permit and associated regulations and maintain a log of all inspection and maintenance activities. \_\_\_\_\_ (initial)

I certify that I have read and understand the regulations to stormwater quality found in Chapter 16 of the Del City Code of Ordinances and understand the consequences of noncompliance. \_\_\_\_\_ (initial)

I certify that the Best Management Practices (BMPs) have been designed to cause no adverse impact to any property and that the property owner accepts sole responsibility for any current or future adverse impacts cause to this or any other property due to the proposed or constructed changes or improvements. \_\_\_\_\_ (initial)

*I hereby submit this application for a Post-Construction Stormwater Discharge License.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Property Owner Certifications**

I certify under the penalty of law that I have personally examined and I am familiar with the information submitted in the attached document; and based on my information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of a fine and/ or civil penalty. \_\_\_\_\_ (initial)

I certify that I have read and understand the regulations to stormwater quality found in Chapter 16 of the Del City Code of Ordinances and understand the consequences of noncompliance. \_\_\_\_\_ (initial)

I certify that the Best Management Practices (BMPs) have been designed to cause no adverse impact to any property and that the property owner accepts sole responsibility for any current or future adverse impacts cause to this or any other property due to the proposed or constructed changes or improvements. \_\_\_\_\_ (initial)

I certify that the applicant has my authorization to submit the Post Construction Stormwater Discharge license application. I certify that I understand that as the Property Owner, I am ultimately responsible for anything that is done to the property. \_\_\_\_\_ (initial)

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
DATE