

IMPERVIOUS SURFACE COVERAGE WORKSHEET

Project Street Address: _____ Tax Parcel ID: _____

Zoning District: _____ Water: onsite public Sewer: onsite public

Total Sq. Feet of Lot: _____

- 1. Sq. Feet of Footprint of Home: _____
- 2. Sq. Feet of Driveway: _____
- 3. Sq. Feet of Shed(s)/Barn(s): _____
- 4. Sq. Feet of Detached Garage: _____
- 5. Sq. Feet of Pool/Hot Tub(s): _____
- 6. Sq. Feet of Sidewalk(s)/Walkway(s): _____
- 7. Sq. Feet of Patios/Porches: _____
- 8. Sq. Feet of Deck(s): _____
- 9. Sq. Feet Other Impervious Surface(s) _____

TOTAL Sq. Feet of Current Impervious Coverage: _____ (total of 1 – 9)

Sq. Feet of NEW Proposed Impervious Coverage: _____

Proposed TOTAL Coverage: _____

Has any impervious surface been added to the property since January 1, 2014? NO YES

If yes, how many square feet? _____

APPLICANT SIGNATURE _____ DATE _____ CELL PHONE _____

TOWNSHIP USE ONLY

- TOTAL IMPERVIOUS COVERAGE ALLOWED IN THIS DISTRICT _____%
- TOTAL IMPERVIOUS COVERAGE: _____ S.F. _____%
- STORMWATER MANAGEMENT PLANS REQUIRED? YES NO
- ZONING HEARING BOARD REQUIRED? YES NO
- HISTORICAL COMMISSION REQUIRED? YES NO

APPROVED: YES NO DATE: _____

BY: _____

IF NO, GIVE REASON: _____