

HALIFAX TOWNSHIP

<p style="text-align: center;">STORMWATER MANAGEMENT (SWM) EXEMPTION (<1,000 sq. ft.)</p> <p style="text-align: center;">APPLICATION FEE - \$10.00</p>	<p>This block for Township use only</p> <p>Prior SWM Exempt: _____</p> <p>SWM Site Plan No: _____</p> <p>Date of Submission: _____</p> <p>Township Fee: _____</p>
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Tax Parcel ID No and Site Address where Exemption is sought: _____

1. Name of Applicant: _____
Address: _____
Telephone: _____ Email: _____

2. Name of Owner of Record: _____
Address: _____
Telephone: _____ Email: _____

3. Total Area of Property (acres): _____

4. Total Square Feet of Impervious Area Proposed: _____

5. Provide a brief summary with a hand written drawing depicting locations and accurate distances/setbacks to neighboring properties of the improvements (provide additional sheets if necessary).

6. I hereby certify that the submission represented by this Application is completed and is prepared in conformance with the applicable Township Ordinances and further, I take full responsibility for and indemnify and hold harmless Halifax Township, its employees and agents (including, but not limited to, its Solicitor and Engineer) from any and all claims due to the construction, operation, existence or maintenance of the improvements which are the subjects of the Application herein including, but not limited to, any claims by third-parties that the improvements (1) impede any flow of upstream stormwater; (2) downstream stormwater drainage patterns are altered; and (3) increase the rate and/or volume of stormwater runoff.

Date: _____ By: _____
Print Name: _____