

## 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:** \_\_\_\_\_