

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: _____