



Stormwater Management Plan

Pre-Application Meeting Verification

Date of Meeting:

Applicant/Owner Name & Title:

Project Address/Location:

Summary of Project:

Comments:

WAS A COMPLETE STORMWATER MANAGEMENT CONCEPT PLAN PREPARED?
YES NO

Applicant/Owner

PRINTED NAME	SIGNATURE	DATE	TELEPHONE
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Owner's Engineer

PRINTED NAME	SIGNATURE	DATE	TELEPHONE
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City of Hermantown Representative

PRINTED NAME	SIGNATURE	DATE	TELEPHONE
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THIS FORM SHOULD BE RETURNED WITH THE STORMWATER MANAGEMENT PLAN