NPS Ordinance: Best Management Practice (BMP) Operating Permit Application

JOB ADDRESS or LEGAL DESCRIPTION:_____

Applicant Name: _____ Contact Number: _____
Mailing Address: _____ Alt. Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Property Owner: _____ Contact Number: _____
Mailing Address: _____ Alt. Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Property Information:
Project Name: _____ Permit Number: _____
Total Site Area (acres): _____

By submitting this application, the applicant and/or owner authorizes the City of Marble Falls to enter the site for purposes of obtaining information necessary for review and inspection of all BMP for the site. Furthermore, the applicant and/or owner agree to comply with all requirements set forth by the City of Marble Falls NPS Ordinance.

The BMP Operating Permit is only valid for a five (5) year period, upon expiration of the operating permit a new BMP Operating Permit must be obtained by the property owner.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

Office Use Only
City of Marble Falls Operating Permit Acknowledgement Date Received: _____

Approve
Deny

Notes:

_____ Staff Signature

_____ Date