



**TOWN OF WRENTHAM  
PLANNING BOARD**

WRENTHAM TOWN HALL

79 SOUTH STREET

WRENTHAM, MASSACHUSETTS 02093

P: (508) 384-5441 | F: (508) 384-3174

[planning@wrentham.gov](mailto:planning@wrentham.gov) • [www.wrentham.gov](http://www.wrentham.gov)

**STORMWATER MANAGEMENT REGULATIONS (SWR) APPLICATION**

Application No.: \_\_\_\_\_

Date: \_\_\_\_\_

**1. APPLICATION TYPE:**

- Limited Stormwater Approval (LSWA)**  
(SWR Art. 5)
  - Land disturbance  $\geq 5K$  sf to 43,560 sf (1AC)
  - Stockpiling  $\geq 100$  CY of excavate/fill
  - Critical Areas: Disturbed areas  $\geq 2,000$  sf w/in Zone I or II, or Disturbed areas w/ slopes  $\geq 25$  ft slopes greater than 15%
- Stormwater Recharge Approval (SWRA)**  
(SWR Art. 11)
  - Activity resulting in the addition of  $\geq 600$  sf impervious surface

- Stormwater Approval (SWA)**  
(SWR Art. 6)
  - Land disturbance  $\geq 43,560$ sf (1AC)
  - Land disturbance  $< 43,560$  sf part of larger development
  - Any SP/SPA under §390, including §390-5, §390-14, §390-15, or §390-16
  - Definitive Plan under Subdivision Control Law

**2. OWNER OF RECORD:** \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Deed recorded in the Norfolk County Registry of Deeds: Book \_\_\_\_\_ Page \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ENGINEER / LAND SURVEYOR:** \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NAME OF AGENT / CONTACT PERSON:** \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REQUIRED SIGNATURES:**

- Please Note: Both required signatures 1 and 2 must be obtained prior to submission.
- Required signatures are the responsibility of the Applicant.
- Failure to obtain all required signatures may cause a delay in processing.

**1. REQUIRED SIGNATURE(S): APPLICANT AND/OR OWNER:** Both the Applicant and at least one Property Owner signature must be submitted.

The undersigned, being the APPLICANT and OWNER(S) named above, hereby applies for Endorsement of a Plan Believed Not to Require Approval by the Planning Board and certifies that, to the best of the APPLICANT’S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Rules & Regulations

Applicant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner’s Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If Not Applicant)

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**2. REQUIRED SIGNATURE: TAX COLLECTOR**

To be completed by the **Tax Collector:** The Office of the Tax Collector verifies that there are no outstanding taxes due by the Property Owner to the Town of Wrentham, MA.

***Note: Delinquent bills must be paid in full before your application can be processed.  
Please make arrangements to pay all outstanding bills to the Tax Collector’s Office.***

\_\_\_\_\_  
Tax Collector’s Office – Name (Please Print)                      \_\_\_\_\_                      \_\_\_\_\_  
Initial                      Date