



DEVELOPMENT SERVICES DEPARTMENT PLANNING DIVISION – Engineering Section

This application is to request review and approval of a Storm Drain Pollution Control Plan (SDPCP), in accordance with Chapter 15.20 of the Storm Water Management Ordinance of the El Paso Municipal Code approved on January 27, 1998. If work is in conjunction with construction activities, the applicant shall comply with the "one call" notification system in Section 18.44.190 of the Grading Ordinance.

**STORM DRAIN
POLLUTION
CONTROL
PLAN
Application**

Case # _____

(Not to be filled out by applicant, assigned by Planning Dept.)

PID # _____ (Central Appraisal Tax Identification Number)

Address _____

Legal Description: Subdivision _____
Lot _____ Block _____

Receiving Body of Water: _____

CONSTRUCTION START DATE: _____

CONSTRUCTION END DATE: _____

NPDES # : _____

**Required:
Fill out Information on the
Back of Application.**

Construction Activities:
Disturbed Area in Acres _____

Contractor _____

I have checked for Zoning Conditions, Special Contract Conditions and requirements for Site Development Plan. Verify Zoning, if special conditions exist, Submit 2 Copies with Application

APPLICANT INFORMATION :

Print Name _____ Phone _____

I request review and approval of the attached Storm Drain Pollution Control Plan. I agree to comply with all provisions of the El Paso Municipal Code.

Signature _____

Date _____

A copy of the permit MUST be at the job site.

STORM WATER ADMINISTRATOR

SDPCP Approval Date: _____

Approved By: _____

TDLR (Architectural Barriers) 1-800-803-9202
Contractor Information 1-915-541-4566

Central Appraisal 1-915-780-2000
Engineering Plan Review 1-915-541-4970

Required: TEXAS ONE CALL SYSTEM 1- 800- 344- 8377 OR 1- 800- DIG-TESS

Track Permitting/Inspection Process: www.elpasotexas.gov
SELECT Virtual City Hall / SELECT Check on a Building Permit

May Not Be Accepted **UNTIL COMPLETELY** Filled Out

CONTACT INFORMATION

Contractor _____
Primary Contact _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Owner's Name _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

SDPCP Preparer _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Architect _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____

Engineer _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____
Fax (____) _____
Email _____