

Date approved:_____ Amt: \$_____

Rain Garden/Soakaway

APPLICANT INFORMATION				File # AB			
Name							
Mailing					Postal Code		
Address							
Phone			Email:				
Project	Ward:		Municipality:			Lot:	Conc.
Location	Street Addres	s:					
X:		Y:					
Property Type:	🗆 Farm	🗆 Non-Farm	□Resi	denti	al 🗆 Comi	mercial/Inst	titutional

EXISTING CONDITION									
Lot size:m ²		Area of roof: m² Additional hard surfaces:m²							
Additional features:		ell(s) 🗆 Septic System 🗆 Sump Pump							
Property slope:		w (0-2%) 🗆 Medium (2-10%) 🗆 Steep (10%)							
Soil texture:	□ Sand □ Silt □ Clay □ Other								
Drainage system:		tches 🗆 Curb and gutter							
Distance to nearest:	🗆 Wa	Watercourse: m							
Current stormwater		Rain barrel Permeable pavement Vegetated swale							
management practices in use:		Other (specify):							

PROPOSED PROJECT – ATTACH RAIN GARDEN DESIGN PLAN AND CALCULATIONS						
Area of roof directed to feature: m ²	Additional hard surfaces being directed:m ²					
Dimensions: length: m width: m Rainfall event capacity:	depth: m TOTAL VOLUME:m3					
	rotect and improve water quality and quantity on the					
Project Budget: \$ *Please att	tach contractor quote					

□ SITE PLAN

Provide a sketch showing the location and dimensions of the existing situation and the proposed project. Include buildings, and the distance to and location of tile drains, catchbasins, watercourses, and wells and direction of slope. Include any other information that you feel is important.

Other Cost-Share Funding	Grant Rate	Amount
Total proposed funding from other sources		

I/We understand that I/we must disclose in this application for project funding, all proposed sources of funding, including sources and amounts from federal, provincial or municipal governments, conservation groups, and private organizations, including in-kind contributions, for the duration of this project.

Signed by_____

Date: