***MARYLAND STATE HIGHWAY ADMINISTRATION – PLAN REVIEW DIVISION***

***STORMWATER MANAGEMENT WAIVER APPLICATION***

PRD No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract No: \_\_\_\_\_\_\_\_\_\_\_\_\_ Road: \_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all POI/LOIs where this waiver applies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Maryland State Highway Administration hereby requests a stormwater management waiver be granted for the above referenced POI/LOIs in accordance with the following section of the Stormwater Management Guidelines for State Highway Projects:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 3.3.A.  | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.1.a. | Contract plans and provisions, stormwater management report. |
|  |  | 3.3.B.1.b. | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.1.c.i | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.1.c.ii | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.2.a. | Contract plans and provisions, stormwater management report. |
|  |  | 3.3.B.2.b. | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.2.c.i | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.2.c.ii | Contract plans and provisions, stormwater management report.\* |
|  |  | 3.3.B.3 | Contract plans and provisions, stormwater management report.\*\* |

\*Submit evidence of stable outfall with adequate capacity (i.e., video or photos and stability statement)

\*\*Submit evidence of stable outfall and concurrence from local jurisdiction as needed

Waiver Requested By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name

(SHA PM or HHD Liaison) Signature Date

\_\_\_\_\_ Approved \_\_\_\_\_ Denied/Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division Chief, Plan Review Division Date