



**CALVERT COUNTY
DEPARTMENT OF PUBLIC WORKS**

150 Main Street
Prince Frederick, Maryland 20678
410-535-1600 • 301-855-1243

FINAL STORMWATER MANAGEMENT PLAN CHECKLIST

The Final Stormwater Management Plan shall be submitted to and approved by the Calvert County Department of Public Works following approval of the Site Development Plan.

PROJECT NAME: _____ DATE: _____

TRACKING NUMBER: _____

ADDRESS: _____

TAX MAP: _____ PARCEL: _____

APPLICANT'S CORPORATION: _____

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CONSULTANT'S CORPORATION: _____

CONSULTANT'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

The Final Plan shall include, at a minimum, the following*:

Yes	No	N/A	Required Information	DPW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final Stormwater Management Plan submittal package (<i>Plans, report, checklist, etc.</i>)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Development plan approval	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All information provided in the site development phase	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any comments received as part of the Site Development Plan approval shall be addressed with a point by point response letter	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner & engineer/surveyor certifications and signatures	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction specifications	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation and maintenance plans	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection requirements	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As-built certification block	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proposed easements and rights-of-ways	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stormwater management landscaping plan	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final construction plans & details	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final erosion & sediment control plan (<i>E&S plan approval is not required prior to SWM approval but should be submitted to SCD</i>)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final stormwater management & storm drainage report	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial estimates & obligations:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review & Inspection form & fee	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineering & Inspection form & fee	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule of cost & bond estimate	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Declaration of Restrictive Covenants Form	<input type="checkbox"/>

*Note: The requirements contained hereon are in accordance with the Stormwater Management Act of 2007 and are applicable to Stormwater Management only. Compliance with these requirements does not excuse the applicant from meeting any and all other requirements and standards from this department or any other local or state agency or review authority.

CONSULTANT CERTIFICATION

“I certify that the attached Final Plan represents all significant natural resources based on my personal knowledge of the site and that the plan contains all of the ‘Required Information’ as indicated in the checklist above.”

Signature: _____

MD License #: _____

Printed Name: _____

Expiration Date: _____