WESTERN PIEDMONT
COUNCIL OF GOVERNMENTS
Planning and Development 1880 2nd Ave. NW
Hickory, NC 28601
828-586-0077

Creative Regional Solutions Since 1968

APPLICATION FOR STORMWATER PERMIT

INSTRUCTIONS: All sections must be completed. Please type or print information. Section 3 must be completed in the presence of a Notary Public. **Print in all fields excluding Signatures.**

APPROVAL OF THIS PERMIT CERTIFIES COMPLIANCE WITH THE APPLICABLE PHASE II STORMWATER ORDINANCE ONLY AND DOES NOT EXEMPT THE APPLICANT FROM OTHER LOCAL, STATE, OR FEDERAL PERMITTING REQUIREMENTS.

1) PROJECT INFORMATION

Project Name:_____

Project Address: _____

Property Identification No. (PIN):_____

Purpose of development (residential / commercial) _____

Total Area Disturbed_____acres.

Total Acres of Site _____ Circle/Indicate Project Type: Low Density/High Density/Exempt

Total Built Upon Area: _____ Acres Existing BUA: _____ Percentage of BUA:_____

Municipality of Project: _____

2) CONTACT INFORMATION

Name of Business: _____

Name of Applicant:_____Date:_____

Name of Project Contact Person: _____

Mailing Address: _____

Street address: _____

E-mail address: _____

Telephone No.:_____Cell No:_____Fax no: _____

Signature:_____

For completion by WPCOG Staff:

Date App Rec: _____ Date App Approved: _____ Permit ID/Number: _____

Approved by:_____

Landowner(s) of Record:

Name:_____

Mailing Address: _____ Telephone: _____

Recorded in Deed Book No._____Page: ___

Person or Firms In-Charge/financially responsible for land disturbing activity:

Name: _____ Telephone: _____

Mailing address (w/ City, state zip): _____

Engineer or Technical Representative: Name: _____

Company: _____ Phone:_____

Mailing address (w/ City, state zip): _____

Email: _____

3) The above information is true and correct to the best of my knowledge and belief and was provided by me while under oath. (If the financially responsible person is an individual, this form must be signed by the individual or his attorney-in-fact; if the financially responsible person is not an individual, this form must be signed by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.)

Name:_____

Date:_____

Title:_____ Signature:_____

I,_____, a Notary Public for the County of _____

_____, State of _____,

hereby certify that _____personally appeared before me this day and under oath acknowledged that the above form was voluntarily executed by him and is correct to the best of his knowledge and belief.

Witness my hand and seal, this_____day of_____, 20___.

Notary _____

My Commission Expires_____

Application/Plan Review Fee

(Indicate which payment was submitted, last 2 columns are for administrative use only):

Make check payable to **WPCOG**

Mail to:

Attention Stormwater Administration
P.O. Box 9026
Hickory, NC 28603

Building/Project size (Square Footage)	Price	Date Payment was received	Paid
<35,000 (High Density) ☐	$375		
35,000 – 100,000 & Major Subdivisions (High Density) ☐	$600		
>100,000 (High Density) ☐	$1000		
Low Density Plan Review ☐ and Exempt Projects	$100		

01200 – 0000913 – 60218 Finance Number:

Municipality: _____

Applicant Signature: _____