



Creative Regional Solutions Since 1968

WESTERN PIEDMONT
COUNCIL OF GOVERNMENTS
Planning and Development 1880 2nd Ave. NW
Hickory, NC 28601
(828) 485-4222
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.
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.

(Print in all fields excluding Signatures)

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 or High Density
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:

Landowner(s) of Record:

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

Approved by:

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 form was paid, last 2 columns are for administration use only):

Check to be mailed to P.O. Box 9026 Hickory, NC 28603

Written to WPCOG, to the attention of Jack Cline or Stormwater

Building/Project size (Square Footage)	Price	Date Payment was received	Paid
<35,000 (High Density) <input type="checkbox"/>	\$375		
35,000 - 100,000 & Major Subdivisions (High Density) <input type="checkbox"/>	\$600		
>100,000 (High Density) <input type="checkbox"/>	\$1000		
Low Density Plan Review <input type="checkbox"/>	\$100		

01200 – 0000913 – 60218 Finance Number:

Municipality: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_