

**N.C. DIVISION OF WATER QUALITY
SURFACE WATER PROTECTION SECTION**

STATE STORMWATER NOTICE OF INTENT (NOI)

SWG010000 - GENERAL PERMIT FOR SINGLE FAMILY RESIDENCES

FOR AGENCY USE ONLY		
Date Received		
Year	Month	Day
Certificate of Coverage		
SW		
Check #	Amount	
Permit Assigned to		

State Stormwater Management Application Notice of Intent for coverage under the General Stormwater Management Permit for a Single Family Residence.

For the construction, operation and maintenance of impervious areas associated with a single family residence.

(Please print or type)

1. Mailing address of owner/developer: *(The address to which all permit correspondence will be mailed.)*

Owner/Developer Name _____
 Street Address _____
 City _____ State _____ ZIP Code _____
 Telephone No. () _____ Fax () _____

2. Proposed Project Information:

Project Name _____
 Street Address of the Project _____
 City _____ State _____ ZIP Code _____
 County _____
 Contact Person _____
 Mailing Address _____
 City _____ State _____ ZIP Code _____
 Telephone No. () _____ Fax () _____

3. Physical Location Information:

Please provide the street address of the project and describe how to get to the project, using street names, state road numbers, and the distance and direction from the nearest major intersection: _____

4. What is the name of the receiving stream? _____

5. River Basin _____ **Receiving Stream Classification** _____

6. This Certificate of Coverage is being submitted as a result of:

New or proposed project Modification to an existing project
 Existing COC or Permit Number: _____
 Date project is scheduled to begin construction _____

7. What is the total project area above mean high water? _____ ft²

8. What is the total amount of built-upon area proposed at this site? _____ ft²

9. Has the built-upon area been minimized to the extent practicable?

YES NO

10. Is the runoff from the built-upon area outside the vegetative buffer directed away from surface waters, to the extent practicable?

YES NO

11. Is the project within 575' of the Mean High Water line of class ORW waters?

YES (Please show the 575' AEC line on plans) NO

(If yes, total built-upon area must be less than or equal to 25% of the total project area within the AEC above mean high water.)

12. Are there any wetlands on the site? YES (please delineate on the plans) NO

Name and affiliation of person making this determination: _____

13. Please list all Best Management Practices employed at this site:

14. Certification:

North Carolina General Statute 143-215.6B (i) provides that:

Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false statement of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the Commission implementing this Article shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed \$10,000. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, for a similar offense.)

I hereby request coverage under the referenced General Permit. I understand that coverage under this permit will constitute the permit requirement for the project and is enforceable in the same manner as an individual permit.

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed name of person signing: _____

Title: _____

(Signature of Applicant)

(Date signed)

A check or money order must accompany this Notice of Intent for \$505.00, made payable to: NCDENR.

Your application will be returned unprocessed unless all of the following items are submitted:

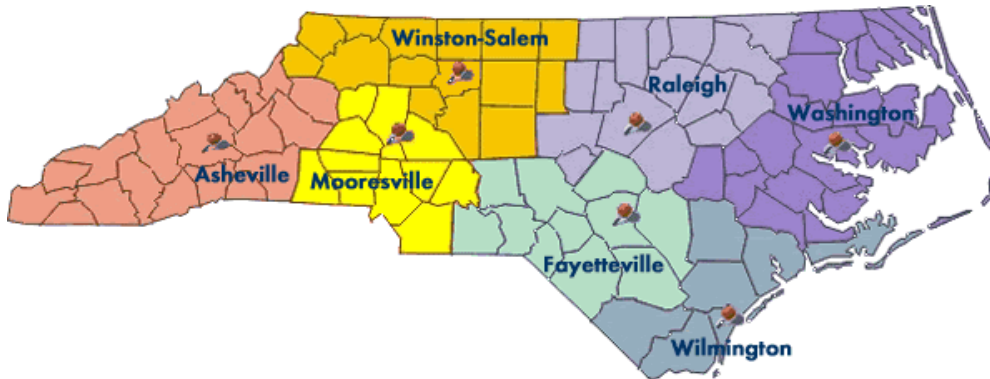
- This completed form
- Two sets of site and grading plans
- A check for \$505.00
- A USGS map with the project clearly located on it.

Mail the entire package to: NCDENR Division of Water Quality
Surface Water Protection Section – Stormwater
at the Appropriate Contact Address *(see the following page)*

Note:

The submission of this document does not guarantee the issuance of a Certificate of Coverage under the General Permit.

For questions, please contact the DWQ Central Office or Regional Office for your area.



DWQ Regional Office Contact Information:

Asheville Office (828) 296-4500
Fayetteville Office ... (910) 433-3300
Mooresville Office ... (704) 663-1699
Raleigh Office (919) 791-4200
Washington Office ... (252) 946-6481
Wilmington Office ... (910) 796-7215
Winston-Salem (336) 771-5000
Central Office (919) 807-6300