



TOWN OF WILSON'S MILLS
**STORMWATER REVIEW
APPLICATION**

Planning Department
P.O. Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 Fax: (919) 938-1121

STORMWATER MANAGEMENT REVIEW CHECKLIST:

- _____ Completed and signed Stormwater Review Application.
- _____ Review fee (see fee schedule calculations below). All checks should be made payable to Town of Wilson's Mills.
- _____ An overall map of the development.
- _____ Impervious area calculations.
- _____ Two complete set of site plans (construction drawings including Stormwater Management Plan).
- _____ Drainage area maps for all stormwater facilities and other drainage areas.
- _____ Downstream Impact Analysis.
- _____ Design calculations for stormwater facilities, including ponds or BMPs.
- _____ Written Inspection and Maintenance agreements for all stormwater ponds or BMPs, to be recorded after construction, but prior to any certificate of occupancy.
- _____ Verification of submittal and/or approval of NCDEQ Erosion Control Plan or other agency approvals, may be required.
- _____ Plan showing all proposed drainage easements and other proposed easements, to be recorded after construction, but prior to any certificate of occupancy.

FEE CALCULATIONS:

Development Type		Fee		Fee	
Residential (Single-Family)	Less than 10 acres*	\$500.00	10 + acres*	\$500.00 + \$150.00	Per disturbed acre**
All other development	0-1.5 acres	\$750.00	1.5+ acres*	\$750.00 + \$150.00	Per disturbed acre**

**Denotes total development/site boundary area. **Round up disturbed area to nearest acre.*

PROPERTY INFORMATION:

Development/Site Name: _____

Number of acres in development: _____ Acres to be disturbed: _____

Existing Impervious Area: _____

Proposed Impervious Area (sq. ft. for subject development): _____

APPLICANT INFORMATION:

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

OWNER INFORMATION:

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SIGNATURE:

I hereby certify that all information contained within this application is accurate and complete to the best of my knowledge and conforms to the Town of Wilson's Mills Stormwater Management Ordinance and stormwater design criteria. The Town of Wilson's Mills has the right to inspect all stormwater facilities on this tract of land.

Applicant/Authorized Agent Print Name_____
Applicant Signature_____
Date_____
Owner Print Name_____
Owner Signature_____
Date

I assume responsibility for inspections, installation, maintenance and operation of all storm water facilities and Best Management Practices in accordance with the Stormwater Management Plan enclosed and the Inspection and Maintenance Agreement as applicable.

Printed Name_____
Signature of Applicant_____
Date

Acting as an agent for: _____

*Note: Responsibility for the continued operation and maintenance of the proposed stormwater management facilities can be transferred from the developer to an individual landowner or Home Owner's Association. A copy of a recorded document, indicating who will be responsible for maintenance of all stormwater facilities, must be provided as a condition of the approved Storm Water Review.