



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

Planning Department
 PO 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.
- _____ Remittance of associated fee(s)* to accompany this application. (**See fee calculations below.*)
- _____ An overall map of the development.
- _____ Impervious area calculations.
- _____ Two complete sets of site plans (construction drawings including Stormwater Management Plan) and a digital copy.
- _____ 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: _____ Zoning: _____

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: _____

ACKNOWLEDGEMENT:

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 Printed Name	Applicant Signature	Date
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Owner Printed Name (if different from Applicant)	Owner Signature	Date
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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 Operation and Maintenance Agreement as applicable.

Printed Name of Applicant	Signature of Applicant	Date
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Acting as an agent for: _____ (**Owner Consent Form Required if Owner/Applicant are different.**)

*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 HomeOwner'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 Stormwater Review.

For Planning Department Only

Date Received: _____ Payment Amount: _____ Date Paid: _____

Application Received By: _____

Review by Engineer:

Review #1 Sent Date: _____ Response Date: _____ Comments Sent: Y N

Review #2 Sent Date: _____ Response Date: _____ Comments Sent: Y N

Date: _____ Approved _____ Denied _____

Letter/Email sent on _____ by _____.