PHASE II STORMWATER MANAGEMENT PERMIT APPLICATION

CITY OF LENOIR, 801 WEST AVENUE, LENOIR, NC 28645 * (T)828-757-2200 (F)828-757-4440

Date Application Received by Stormwater Management Technician: _____

Permit Number: _____

Date Application Approved by Stormwater Management Technician: _____

Part A. Project Information

1. Project Name: _____

2. Project Address: _____

3. Parcel Identification Number(s) _____

4. Type of Use (residential, commercial, industrial, etc.): _____

5. Total site area: _____Total disturbed area:_____

Part B. Contact Information

1. Project Contact Person:_____

Authority Company_____

Mailing Address City/State/Zip Code_____

Phone #_____ Fax #_____ E-mail_____

2. Landowner of Record (attach additional page if necessary):

Name & Telephone Number_____

Mailing Address City/State/Zip Code_____

3. Person or firms who are financially responsible for the land-disturbing activity:

Name & Telephone Number_____

Mailing Address City/State/Zip Code_____

4. Engineer or Technical Representative:_____

Authority Company_____

Mailing Address City/State/Zip Code_____
_____

Phone #_____ Fax #_____ E-mail_____

Applicant (Type or print name)_____

Signature_____ Date_____