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|---------------|---------------------------|---------------|
|               | For Departmental Use Only |               |
| Date Received | Fee Paid                  | Permit Number |
|               |                           |               |

**Town of Hope Mills Stormwater Department  
STORMWATER MANAGEMENT APPLICATION FORM**

**GENERAL INFORMATION**

1. Project Name: \_\_\_\_\_
2. Location of Project (street address): \_\_\_\_\_
3. Directions to Project (from nearest major intersection): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERMIT INFORMATION**

1. Specify whether project is:     New     Renewal     Modification
2. If this application is being submitted as a renewal or modification to an existing permit, list the existing permit number: \_\_\_\_\_
3. Type of development:     Commercial     Residential     Mixed use     Subdivision
4. Type of project:     New Development     Redevelopment

**CONTACT INFORMATION**

1. Applicant/Signing Official's Name and title (corporation, individual, etc. who owns the project.)

Applicant/Organization: \_\_\_\_\_

Signing Official and Title: \_\_\_\_\_

2. Contact information for person above:

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Contact person who can answer questions about this project (optional):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT INFORMATION**

1. In the space below, summarize how stormwater will be treated. Also attach a detailed narrative (one to two pages) describing stormwater management for the project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*All BMPs must be designed to the standards in the most current edition of the NC Department of Water Quality’s Best Management Practices Manual.

2. Total site area of project \_\_\_\_\_ acres    3. Total disturbed area of project \_\_\_\_\_ acres

4. Percent built upon area \_\_\_\_\_

5. How many drainage areas does this project have? \_\_\_\_\_

6. Complete the following for each drainage area. If there are more than two drainage areas, attach an additional sheet with the information for each area provided in the format below.

| Basin Information             | Drainage Area 1 | Drainage Area 2 |
|-------------------------------|-----------------|-----------------|
| Receiving Stream Name         |                 |                 |
| Drainage Area (ac)            |                 |                 |
| Existing Impervious Area (ac) |                 |                 |
| Proposed Impervious Area (ac) |                 |                 |
| % Impervious Area             |                 |                 |

**OPERATION AND MAINTENANCE FORMS**

The applicable Town of Hope Mills Operation and Maintenance Agreement and BMP Maintenance Plan Forms must be submitted for each BMP in this project. The latest version of the forms can be downloaded from:

[http://www.townofhopemills.com/index.php?option=com\\_filecabinet&view=files&id=1&Itemid=76](http://www.townofhopemills.com/index.php?option=com_filecabinet&view=files&id=1&Itemid=76)

## **DEED RESTRICTIONS AND PROTECTIVE COVENANTS**

One of the following deed restrictions and protective covenants are required to be recorded for all subdivisions, outparcels, and future development prior to the sale of any lot. If lot sizes vary significantly, a table listing each lot number, size, and the allowable built-upon area for each lot must be provided as an attachment. The latest version of the forms can be downloaded from: [http://www.townofhopemills.com/index.php?option=com\\_filecabinet&view=files&id=1&Itemid=76](http://www.townofhopemills.com/index.php?option=com_filecabinet&view=files&id=1&Itemid=76)

Form DR-1 Commercial Subdivisions  
Form DR-2 Developments with Outparcels  
Form DR-3 Residential Subdivisions

**By your signature below, you certify that the recorded deed restrictions and protective covenants for this project shall include all the applicable items required in the above form, and that the covenants will be binding on all parties and persons claiming under them, that they will run with the land, that the required covenants cannot be changed or deleted without concurrence from the Town of Hope Mills, and that they will be recorded prior to the sale of any lot.**

## **SUPPLEMENT FORMS**

The applicable state stormwater management permit supplement forms(s) listed below must be submitted for each BMP specified for this project. All forms can be downloaded from the NCDWQ website at <http://portal.ncdenr.org/web/wq/ws/su/bmp-manual>

Bioretention Supplement  
Dry Detention Basin Supplement  
Filter Strip & Level Spreader Supplement  
Grassed Swale Supplement  
Infiltration Devices Supplement  
Permeable Pavement Supplement  
Restored Riparian Buffer Supplement  
Rainwater Harvesting Supplement  
Sand Filter Supplement  
Stormwater Wetland Supplement  
Wet Detention Basin Supplement

## **SUBMITTAL REQUIREMENTS**

Only complete application packages will be accepted and reviewed by the Town of Hope Mills Stormwater Department. A complete application includes all of the items listed below. The complete application package should be submitted to the Town of Hope Mills Stormwater Department at:

Town of Hope Mills  
Attn: Stormwater Administrator  
5770 Rockfish Rd  
Hope Mills, NC 28348

Please indicate that you have provided the following required information by initialing in the space provided next to each item.

- \_\_\_\_\_ 1. Original of the Stormwater Management Permit Application Form
- \_\_\_\_\_ 2. Permit Application Fee of \$200 plus \$100 per acre or portion of an acre
- \_\_\_\_\_ 3. Original of the Deed Restrictions and Protective Covenants Form
- \_\_\_\_\_ 4. Original Operation and Maintenance Agreement and BMP Maintenance Plan for each BMP included in the project
- \_\_\_\_\_ 5. NCDWQ Stormwater BMP Supplement Form for each BMP included in the project
- \_\_\_\_\_ 6. BMP calculations illustrating compliance
- \_\_\_\_\_ 7. Narrative description of stormwater management and treatment
- \_\_\_\_\_ 8. NPDES General Stormwater Permit Approval and approved Sedimentation and Erosion Control Plan
- \_\_\_\_\_ 9. Copy of any applicable soils report with SHWT elevations and depths as well as a map of the borings report. For projects with infiltration BMPs, report should include soil type, expected infiltration rate, and method of determining the infiltration rate.
- \_\_\_\_\_ 10. Two (2) sets of plans with one (1) set of calculations for all BMPs and the storm sewer system to be installed. All systems must comply with the requirements of the Post-Construction Stormwater Article of the Stormwater Management Ordinance. All designs must be in accordance with the NCDENR North Carolina Stormwater BMP Manual and Town of Hope Mills Design Standards. All plans and calculations must be sealed by a professional engineer. All plans must contain the following at a minimum (initial in the space providing indicating that the item has been included):
  - \_\_\_\_\_ Development/Project name
  - \_\_\_\_\_ Engineer and firm
  - \_\_\_\_\_ Location map with named streets
  - \_\_\_\_\_ Legend
  - \_\_\_\_\_ North arrow
  - \_\_\_\_\_ Scale
  - \_\_\_\_\_ Revision number and date
  - \_\_\_\_\_ Details of existing and proposed roads, buildings, structures, utilities, drainage features, collection systems, and stormwater control measures
  - \_\_\_\_\_ Latitudinal / longitudinal coordinates of storm sewer system inlets and outlets
  - \_\_\_\_\_ Property boundary and adjoining property boundaries and owners
  - \_\_\_\_\_ Site layout with all BUA identified and dimensioned
  - \_\_\_\_\_ Delineation of on-site drainage areas including number of acres
  - \_\_\_\_\_ Existing contours, proposed contours, spot elevations, and finished floor elevations
  - \_\_\_\_\_ Easements for all BMPs and drainage ways
  - \_\_\_\_\_ Existing drainage (including off-site), drainage easements, pipe size, runoff calculations
  - \_\_\_\_\_ Construction sequence
  - \_\_\_\_\_ Planting Plan
  - \_\_\_\_\_ Wetlands delineated or a note on plans that none exist
  - \_\_\_\_\_ Permanent-Post construction plan sheet(s) with details for each BMP, including at a minimum all items as required by the appropriate NCDWQ BMP supplement required items checklist. This checklist is included in the supplement form for each BMP found here:

<http://portal.ncdenr.org/web/wq/ws/su/bmp-manual>

**AGENT AUTHORIZATION**

If you wish to designate authority to another individual or firm so that they may provide information on your behalf, please complete this section (ex. designing engineer or firm):

Designated agent: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This permit conveys approval from the permitting entity for the owner or his agent as shown on the approved plan to construct stormwater management devices and implement site designs in accordance with the applicable Stormwater Management Ordinance and related policies. This permit is valid until the project is complete or two (2) years from issuance of permit, whichever comes first. Maintenance of all stormwater management devices installed pursuant to this permit is required into perpetuity. In addition, deed restrictions and protective covenants are required to ensure that subsequent development activities maintain the development (or redevelopment) consistent with approved plans. The information listed in this form must be enclosed along with a completed application form and fee payment in order for a permit application to be considered complete.

**Applicant's Certification**

I, \_\_\_\_\_ (person listed in contact information item 1) certify that the information contained in this permit form is, to the best of my knowledge, correct and that the project will be constructed in conformance with the approved plans, and that the required deed restrictions and protective covenants will be recorded, and that the proposed project complies with the requirements of 15A NCAC 2H.1000 and the Town of Hope Mills Stormwater Management Ordinance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Departmental Use Only

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_