

Storm Water Permit Application

Development/Site Name: _____

Owner/Developer Name: _____

Address: _____

Phone: _____ Contact Person: _____

Fax: _____ No. of acres to be disturbed: _____

Email: _____ No. of acres in development: _____

Type of Development: (circle one)	Fee
Residential	\$30/acre (\$500 minimum)
Non-Residential	\$75/acre (\$500 minimum)

I hereby certify that all information contained within this Storm Water Management application is accurate and complete to the best of my knowledge and conforms to the Town of Smithfield's Storm Water Management Ordinance and storm water design criteria. The Town of Smithfield has the right to inspect all storm water facilities on this site.

Type or Printed Name

Signature of Owner/Developer

Date

I assume responsibility for inspections, maintenance and operation of all storm water facilities/Best Management Practices in accordance with the Inspection and Maintenance Agreement enclosed and with the Storm Water Management Permit.

Type or Printed Name

*Signature

Date

Acting as an agent for: _____

*Note: Responsibility for the continued operation and maintenance of the storm water facilities can be assumed from the developer by an individual landowner or Home Owner's Association. In the event that a Home Owner's Association assumes responsibility, the signature shall be of an individual acting as an agent for the Home Owner's Association.

Submit the completed application along with detailed plans, Inspection and Maintenance Agreement, easements, supporting design information and the associated fee to:

**Storm Water Administrator, Town of Smithfield
PO Box 761
230 Hospital Road
Smithfield, NC 27577**

If you have any questions or need more information, contact the SW Administrator at 919-934-2545.