STORMWATER PERMIT NAME/

ADDRESS CHANGE FORM (LSW104)

**102 Town Hall Drive, Leland, NC 28451 *Public Services Department***

**www.townofleland.com Phone 910-371-0148 Fax 910-371-1073**

**A. NEW PERMIT INFORMATION**

Town Stormwater Permit Number:

|  |  |
| --- | --- |
| Are you updating (check all that apply): | If so, please provide the updated information: |
| [ ]  Project name |       |
| [ ]  Corporation Name1 |       |
| [ ]  Permit Contact Name2 ,3 |       |
| [ ]  Permit Contact Title |       |
| [ ]  Mailing Address3 |       |
| [ ]  Phone number |       |
| [ ]  Email address |       |

*1 Provide documentation such as a Name Change / Merger filed with the NCSOS.*

*2 Provide supporting documentation such as NCSOS filing. The permit contact’s position must be in accordance with* [15A NCAC 02H .1040(1)](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20h/15a%20ncac%2002h%20.1040.pdf).

*3 If more than one point of contact or mailing address is being changed, please attach a separate sheet.*

**B. CERTIFICATION OF PERMITTEE**

I,       , the current permittee, hereby notify the Town of Leland that I am making the changes as listed in Section A above. I further attest that this application for an update to the permit information currently on file is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

personally appeared before me this the \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, and acknowledge the due execution of the forgoing instrument. Witness my hand and official seal,

*(Notary Seal)* Notary Signature:

My commission expires: ­