

# PERFORMANCE SECURITY APPLICATION (LSW105)



102 Town Hall Drive, Leland, NC 28451  
www.townofleland.com

Public Services Department  
Phone 910-371-0148 Fax 910-371-1073

Fee (non-refundable):  \$150 New  
 \$100 Renewal

Surety Type:  Cash Bond  
 Letters of Credit Issuing Bank: \_\_\_\_\_  
 Surety Bond Issuing Guarantor: \_\_\_\_\_

Length of Agreement: \_\_\_\_\_ year(s)  
(minimum one year)

Completed applications must be submitted with processing fee, paid by the application deadline, no later than 21 days prior to the next regularly scheduled meeting of Leland Town Council, and before issuance of a Town stormwater permit. This will allow staff and the Town of Leland's Public Services Department to complete the evaluation of the estimated number of quantities. Submission of this application is not a guarantee of approval.

## Developer's Information

Developer: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

## Site Information

Site Name: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Phase #: \_\_\_\_\_ Section #: \_\_\_\_\_

Stormwater Permit Number (if applicable): \_\_\_\_\_ Map Book: \_\_\_\_\_ Map Page: \_\_\_\_\_

Description of improvements (quantity and type of SCMs): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Engineer's Information**

Company: \_\_\_\_\_

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

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

Business phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer's email: \_\_\_\_\_

**Stormwater Control Measure (SCM) Improvements To Be Covered**

Type of SCM(s):

- Bioretention Cell     Dry Pond     Green Roof     Infiltration System     Level Spreader     Swale
- Wet Pond     Stormwater Wetland     Vegetative Filter Strip     Permeable Pavement

Number of SCM: \_\_\_\_\_

Cost to complete improvements            \$ \_\_\_\_\_  
(Include administration, inspection, and engineering fees.)

25% mark-up per Sec 26-162(d)(4)        \$ \_\_\_\_\_

Total Amount (cost X 1.25)                \$ \_\_\_\_\_

The following must be attached to this application to be considered a complete submission:

- A map of the project with SCM locations and summary that the performance guarantee will cover. Include street names and lot numbers (if applicable).
- A list of estimated quantities and cost estimates by a certified engineer with proof of engineering seal.

The above statements and information contained in this application and attachments are in all respects true, complete, and correct to the best of my knowledge and belief.

Engineer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Engineer's Signature \_\_\_\_\_

**Certification**

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge, and that I am authorized to grant, and do grant, permission to local town officials and engineering services to enter on the property described above for the purpose of inspections. I understand that if this application is approved, that failure to meet any conditions of the approval shall result in the revocation of any permit(s) based upon this certificate.

Applicant's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_