STORMWATER MANAGEMENT PERMIT APPLICATION (LSW101)



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

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

Telephone Number: (_____)____

Date Received		Fee Paid		Permit Number		
CENERAL INFORMATION						
. GENERAL INFORMATION	l					
1. Applicants Name (Spe	cify the name of the co	orporation, individual	, etc. who owns the pro	ject):		
2. Print Owner/Signing C	official's Name and Title	e (Person legally resp	onsible for the facility a	nd compliance):		
						
3. Mailing Address for Pe	erson Listed in Item 2:					
City:		State:	Zip:	Zip:		
Phone: ()	Mobi	le: ()	Fax: ()		
Email:						
	sion, facility, or establ etters, operation, and		hould be consistent wit ents, etc.):	h the project name o		
5. Location of Project (St	reet address):					
City:		Zip:				
6. Directions to Project (From nearest majorin	tersection):				

OFFICE USE ONLY

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8. Contact Person who can answer questions about the project:

II. F	PERMIT INFORMATION:						
1.	Specify whether the project is (check one):						
2.	If this application is being submitted as the result of a renewal or modification to an existing permit, list the						
	existing permit numberand its issue date (if known)						
3.	. Specify the type of project (check all that apply):						
	Low Density High Density Redevelopment Residential Commercial						
III. F	 PROJECT INFORMATION In the space below, summarize how stormwater will be treated. Also attach a detailed narrative (one to two pages) describing the stormwater management for this project. 						
2.	Stormwater runoff from this project drains to theRiver Basin.						
3.	. Total Property Area:acres 4. Total Coastal Wetlands Area:acres						
5.	Total Property Area (3) – Total Coastal Wetlands Area (4) = Total Project Area**: acres						
6.	(Total Impervious Surface Area / Total Project) x 100 = Project Built Upon Area (BUA):%						
7.	How many drainage areas does the project have?						

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Basin Information	Drainage Area 1	Drainage Area 2
Receiving Stream Name		
Stream Class and Index Number		
Total Drainage Area (sf)		
On-Site Drainage Area (sf)		
Off-Site Drainage Area (sf)		
Existing Impervious* Area (sf)		
Proposed Impervious* Area (sf)		
% Impervious* Area (total)		
	Duning and August 1	Dusings Aves 2
Impervious* Surface Area	Drainage Area 1	Drainage Area 2
On-Site Buildings (sf)		
On-Site Streets (sf)		
On-Site Parking (sf)		
On-Site Sidewalks (sf)		
Other On-Site (sf)		
Off-Site (sf) Total (sf):		
rea (BUA). How was the off-site impervious		Iculate overall percent project built upon
DEED RESTRICTIONS AND PROTECT	VE COVENTANTS	
The property restrictions and protect ubdivisions, outparcels, and future d each lot number, size and the allowal	ctive covenants in the form listed be	If lot sizes vary significantly, a table listing
he property restrictions and protecuber ubdivisions, outparcels, and future d	ctive covenants in the form listed be evelopment prior to the sale of any lot.	low, are required to be recorded for all If lot sizes vary significantly, a table listing e provided as an attachment.

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V. SUPPLEMENTAL FORMS

The applicable stormwater management permit supplemental form(s) listed below must be submitted for each BMP specified for this project. Contact the Town of Leland at (910) 371-3390 for the status and availability of these forms. Forms can also be downloaded from the North Carolina Department of Environmental Quality's website https://deq.nc.gov/about/divisions/energy-mineral-land-resources/energy-mineral-land-permit-guidance/stormwater-bmp-manual/forms

Detention Basin Dry Extended Detention Basin Supplement Proprietary Systems Stormfilter Proprietary Systems Supplement

Rainwater Harvesting Rainwater Harvesting Supplement Wet Detention Basin Wet Detention Basin Supplement Infiltration Basin Supplement

Infiltration Trench Underground Infiltration Trench Supplement

Bioretention Cell Supplement

Level Spreader Level Spreader/Filter Strip/Restored Riparian Buffer Supplement

Wetland Stormwater Wetland Supplement

Grassed Swale Supplement
Sand Filter Sand Filter Supplement

Low Density Low Density Supplement
Off-Site System Off-Site System Supplement

VI. SUBMITTAL REQUIREMENTS

Only complete application packages will be accepted and reviewed by the Town of Leland. A complete package includes all of the items listed below.

1. Please indicate that you have provided the following required information by initialing in the space provided

ne	xt to each item.	<u>Initials</u>
•	Original and one copy of the Stormwater Management Permit Application Form	
•	Original and one copy of the Deed Restrictions and Protective Covenants	
	Form (If required as per Part IV above)	
•	Original of the applicable Supplemental Form(s) and O&M agreement(s) for each BMP	
•	Permit application processing fee (see Fee Schedule) payable to the Town of Leland	
•	Calculations and detailed narrative description of stormwater treatment/management	
	Copy of any applicable soils report	

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									<u>Initials</u>
VII.	■ An	- Developmer - Engineer and - Legend - North arrow - Scale - Revision nur - Mean high v - Dimensione - Location ma - Original con - Details of ro - Wetlands de - Existing drai - Drainage are - Vegetated b	nt/Project d firm mber & da vater line d propert p with na tours, pro ads, drain elineated, nage (incl eas deline uffers (wh	name y/project bour med streets or posed contour lage features, or or a note on p uding off-site) ated here required)	ndary NCSR numbers TS, spot elevation collection system lans that none e , drainage easen	ns, finished flo ns, and storm exist nents, pipe siz	oor elevatio water contr es, runoff c	rol measure:	S
	•	_			vidual or firm so complete this se	•			•
D	esignated)	Agent (Individ	ual or Firi	m):					
N	/lailing Add	dress:							
C	ity:				State:		Zip: _		
Р	hone: ()		Mobile: ()		Fax: ()	
E	mail:								
VIII.	APPLICAN	IT'S CERTIFICA	TION						
					nformation, Item lication Form is, ne approved plar				

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covenants will be recorded, and that the proposed project complies with the requirements of 15A NCAC 2H.1000.

Date: _____

Printed Name:

Signature: