



Permit Coverage
Renewal Application Form
 National Pollutant Discharge Elimination System
 Stormwater Individual Permit

NPDES Permit Number
NCS

Please provide your permit number in box in the upper right hand corner, complete the information in the space provided below and return the completed renewal form along with the required supplemental information to the address indicated.

Owner Information

** Address to which permit correspondence will be mailed*

Owner / Organization Name: _____
 Owner Contact: _____
 Mailing Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____

Facility Information

Facility Name: _____
 Facility Physical Address: _____

 Facility Contact: _____
 Mailing Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____

Permit Information

Permit Contact: _____
 Mailing Address: _____

 Phone Number: _____
 Fax Number: _____
 E-mail address: _____

Discharge Information

Receiving Stream: _____
 Stream Class: _____
 Basin: _____
 Sub-Basin: _____
 Number of Outfalls: _____

Facility/Activity Changes Please describe below any changes to your facility or activities since issuance of your permit. Attached a separate sheet if necessary.

CERTIFICATION

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete and accurate.

Signature _____ Date _____

Print or type name of person signing above

Title

Please return this completed application form and requested supplemental information to:

SW Individual Permit Coverage Renewal
 Stormwater Permitting Program
 1612 Mail Service Center
 Raleigh, North Carolina 27699-1612