

OFFICIAL USE ONLY		
Date Received	Fee Paid	Permit Number

STORMWATER PERMITTING FORM 7: MINOR MODIFICATION

Standard Permitting Program – No Fee for Minor Modification

Only complete applications packages will be accepted and reviewed. This form and the required items (with original signatures) must be sent to the appropriate review Office.

This form is to only to be used by the current permittee to notify the Department of a minor modification.

Pursuant to [Rule 15A NCAC 02H .1002](#), a minor modification is a change to the project that:

- 1) does not increase the net built-upon area; and/or
- 2) does not change the size or design of the SCM(s).

A. GENERAL INFORMATION

1. Stormwater Permit Number: _____
2. Current Permit Holder's Company Name/Organization: _____
3. Signing Official's Name: _____
4. Signing Official's Title: _____
5. Mailing Address: _____
 City: _____ State: _____ ZIP: _____
6. Street Address (if different): : _____
 City: _____ State: _____ ZIP: _____
7. Phone: () _____ Email: _____
8. Describe the minor modifications that you are requesting, including any revised BUA allocations (*attach additional pages or supporting tables similar to Section IV.10 of the original application, if needed*):

B. SUBMITTAL REQUIREMENTS

Please mark "Y" to confirm the items are included with this form. Please mark "X" if previously provided. If not applicable or not available, please mark N/A.:

- _____ 1. Two hard copies (with original signatures) and one electronic copy of this completed form.
- _____ 2. Two hard copies and one electronic copy of the revised plan sheets (must be a revision of the originally approved plan sheets).
- _____ 3. If there is reallocation of lot BUA, a copy of the revised recorded deed restrictions and protective covenants OR the proposed recorded deed restrictions and protective covenants documenting the changes and a signed agreement to provide the final recorded document.

C. CONTACT INFORMATION

1. The Design Professional who is authorized to provide information on the Applicant's behalf:

Design Professional's Name: _____
Consulting Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: : _____

2. [OPTIONAL] If you would like to designate another person to answer questions about the project:

Name & Title: _____
Organization: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: : _____

D. CERTIFICATION OF PERMITTEE

I, _____, the current permittee, certify that I have authorized the minor modifications listed in Section A and shown in the attached revised plan sheets. I further attest that this information 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 _____