



**Town of Indian Trail
Stormwater Services**
315 Matthews-Indian Trail Rd.
PO Box 2430
Indian Trail, NC 28079
Phone: (704)-821-5401

**Storm Water Management Permit Application for
Post-Construction Storm Water Ordinance
Application Form**

Consultation Meeting Requested for Project: Yes No

Name of Development: _____

Project Address: _____ Tax Parcel: _____

Total Area of Project: _____ Total Disturbed Area: _____

Type of Development: Commercial Residential Mixed Use

Resubmittal: Yes No

Owner's Name: _____ Contact Person: _____

Owner's Address: _____

Owner's Phone Number: _____ Fax: _____

Owner's Email: _____

Designer: _____ Contact Person: _____

Designer's Address: _____

Designer's Phone Number: _____ Fax: _____

Designer's Email: _____

This application conveys the information necessary for review of the Storm Water Management Plan for compliance with the applicable Post-Construction Storm Water Ordinance. Storm Water Management approval is required prior to any land disturbance on the site.

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Project Number: _____</p>
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