



APPLICATION Surface Water Identification Request

Stormwater and Environmental Services Division
101 E. Orange St., PO Box 429, Hillsborough, NC 27278
Office: 919-296-9621
www.hillsboroughnc.gov

TRACT INFORMATION

Parcel Identification Number: _____ Acres: _____
Property Owners(s): _____
Location/Physical Address: _____

OWNER/AGENT INFORMATION

Name(s): _____
Phone: _____ Email Address: _____
Mailing Address: _____

AUTHORIZATION

I, (print name) _____ as owner of the property described above, or as a legally authorized representative of the owner, do hereby convey permission to the Town of Hillsborough Stormwater and Environmental Services Division Staff to enter the property at their convenience to conduct a surface water identification (SWID) necessary to determine whether or not water features on my property are subject to the stream buffer regulations described in Section 6.20.17 of the Town of Hillsborough Unified Development Ordinance. This SWID may be necessary to facilitate the approval of my proposed subdivision, or to determine whether or not the property may support a proposed improvement. This SWID will be public record and may be requested in the future for review by parties interested in the property.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PROPERTY OWNER'S SIGNATURE.

Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____

For Internal Use Only

Date Requested: Enter date. Requested by: ☐ Owner ☐ Agent ☐ Staff