



# NPDES MS4 Permit Renewal Application Form

National Pollutant Discharge Elimination System (NPDES)

Municipal Separate Storm Sewer System (MS4)

Please complete the information below and submit this form along with the required supplemental information to the address indicated.

## Part I: Permittee Information

Current Permit No.	<b>NCS</b> <input type="text"/>
MS4 Name	<input type="text"/>
Owner Name*	<input type="text"/>
Owner Title	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>

*\* The owner must be a principal executive officer or ranking elected official for the city/town/entity that owns/operates the permitted MS4. Any permit enforcement actions will be sent to the owner on record.*

## Part II: Primary Contact\*\*

Contact Name	<input type="text"/>
Contact Title	<input type="text"/>
Employer	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>

*\*\* The primary contact is the responsible party who will oversee the day-to-day permit compliance and Stormwater Management Program implementation. With the exception of enforcement actions, permit communications originating from NCDEQ will be sent to the primary contact and will be copied to the other contacts listed below.*

## Part III: Other Contacts

Contact Name	<input type="text"/>
E-mail Address	<input type="text"/>
Contact Name	<input type="text"/>
E-mail Address	<input type="text"/>

## Part IV: Required Supplemental Information

Submit one (1) hard copy and one (1) electronic copy of a Draft Stormwater Management Plan (SWMP) with this permit renewal application. The Draft SWMP must be in the current NCDEQ SWMP Template format and shall include all required information in order for the permit renewal application to be considered complete.

**Part V: Certification**

By my signature below I hereby certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I am also aware that incomplete permit renewal applications, inclusive of the required Draft SWMP, will not be processed and will be returned to the permittee.

- I am a ranking elected official for the permitted MS4.
- I am a principal executive officer for the permitted MS4.
- I am a duly authorized representative for the permitted MS4 and have attached the authorization made in writing by the permit owner listed in Part I of this application, which specifies me as (*check one*):
  - A specific individual having overall responsibility for the stormwater permit.
  - A specific position having overall responsibility for the stormwater permit.

Signature:*	
Print Name:	
Title:	
Signed this [ ] day of [ ], 20[ ].	

*\* Please note that an original signature is required on this form, any required supplemental information, and any representative authorization. Photocopies cannot be accepted.*

Return this completed form along with the required supplemental information to:

DEQ-DEMLR Stormwater Program  
Attn: MS4 Permitting  
1612 Mail Service Center  
Raleigh, NC 27699-1612