## NC DEQ Division of Energy, Mineral and Land Resources

**POST CONSTRUCTION (State) Stormwater:   
MINOR MODIFICATION Application Form**

*This form is to only to be used by the current permittee to notify the Division of a minor modification. Pursuant to* [*Rule 15A NCAC 02H .1002*](http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environmental%20quality/chapter%2002%20-%20environmental%20management/subchapter%20h/15a%20ncac%2002h%20.1002.pdf)*, 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).*

*Only complete applications packages will be accepted and reviewed. This form and the required items (with original signatures) must be sent to the appropriate* [*DEMLR Regional Office*](https://deq.nc.gov/contact/regional-offices) *(Coastal, SA Waters) or DEMLR Central Office (Urbanizing Areas Ph 2, USMP, Non-Coastal HQW/ORW).*

**A. PROJECT INFORMATION**

1. State Stormwater Permit Number:

1. Project name:

Is this an updated project name from the current permit?  Yes  No

1. Describe the minor modifications that you are requesting, including any revised BUA allocations (*attach additional pages describing the changes, if needed*):

**B. PERMITTEE NAME AND CONTACT INFORMATION**

1. Current Permit Holder’s Company Name/Organization:
2. Signing Official’s Name:
3. Signing Official’s Title:
4. Mailing Address:

City:       State:       ZIP:

1. Street Address (if different): :

City:       State:       ZIP:

1. Phone: (     )       Email:

**C. If Permittee is a Lessee, Purchaser, or Developer per 15A NCAC0 2H.1040(4)(c), PROPERTY OWNER NAME AND CONTACT INFORMATION**

1. Current Permit Holder’s Company Name/Organization:
2. Signing Official’s Name:
3. Signing Official’s Title:
4. Mailing Address:

City:       State:       ZIP :

1. Street Address:

City:       State:       ZIP :

1. Phone: (     )       Email:

D. 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. One original signed hard copy and one electronic copy of this completed form.

      2. Standard Permitting Program: A permit application processing fee of $250.00 payable to *NCDEQ* per [G.S. 143-215.3D(e)(2)](http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter_143/gs_143-215.3d.html).

Express Permitting Program: The appropriate permit application processing fee per the [Express Fee Schedule](https://deq.nc.gov/about/divisions/energy-mineral-land-resources/energy-mineral-land-permits/stormwater-permits/fees)  payable to *NCDEQ*.

      3. Two hard copies and one electronic copy of the revised plan sheets showing the changes and that meet the requirements outlined in 15A NCAC 02H.1042(2)(g), (h), and (i), as applicable. (must be a revision of the originally approved plan sheets).

      4. If applicable, an updated supporting table similar to Section IV.10 of the original application to document the changes to the BUA allocations to satisfy 15A NCAC 02H.1042(2)(a)(iv) and .1042(2)(f).

      5. 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 to satisfy 15A NCAC 02H.1042(2)(k) ..

**E. (OPTIONAL) OTHER 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. 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: :

**F. PERMITTEE’S CERTIFICATION**

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. If revised deed restrictions and protective covenants and/or easements are required, I certify that they will be recorded and provided to the Division.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. PROPERTY OWNER’S CERTIFICATION (IF NOT APPLICANT)**

I,       , certify that I own the property identified in this permit application, and thus give permission to       to develop the project as currently proposed.  A copy of the lease agreement or pending property sales contract has been provided with the submittal, which indicates the party responsible for the operation and maintenance of the stormwater system.

As the legal property owner I acknowledge, understand, and agree by my signature below, that if my designated agent dissolves their company and/or cancels or defaults on their lease agreement, or pending sale, responsibility for compliance with the DEMLR Stormwater permit reverts back to me, the property owner. As the property owner, it is my responsibility to notify DEMLR immediately and submit a completed Name/Ownership Change Form within 30 days; otherwise I will be operating a stormwater treatment facility without a valid permit.  I understand that the operation of a stormwater treatment facility without a valid permit is a violation of NC General Statue 143-215.1 and may result in appropriate enforcement action including the assessment of civil penalties of up to $25,000 per day, pursuant to NCGS 143-215.6.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_