

**DMS ILF Mitigation Request Statement of Compliance with §143-214.11 & 143-214.20**

[\(link to G.S. 143-214.11\)](#)

Prior to accessing the Division of Mitigation Services (DMS) In-Lieu Fee (ILF) program, all applicants must demonstrate compliance with G.S. §143-214.11 and 143-214.20. All requests MUST include this form signed and dated by the permit applicant or an authorized agent.

[\(link to DWR Bank list\)](#) [\(link to Ribits COE Bank List\)](#)

**Compliance Statement:**

I have read and understand G.S. § 143-214.11 and 143-214.20 and have, to the best of my knowledge, complied with the requirements. I understand that participation in the DMS is voluntary and subject to approval by permitting agencies.

Please check all that apply:

**Applicant is a Federal or State Government Entity or a unit of local government meeting the requirements set forth in G.S. 143-214.11 and is not required to purchase credits from a mitigation bank.**

**Mitigation bank(s) in the hydrologic unit where the impacts will occur have been contacted and credits are not currently available.**

**There are no listed mitigation banks located in the hydrologic unit where this impact will take place that offer the credit type I need**

**The DWR or the Corps of Engineers did not approve of the use of a mitigation bank for the required compensatory mitigation for this project.**

**This is a renewal request and the permit application is under review. Bank credits were not available at the time the application was submitted.**

**Enter date permit application was submitted for review: \_\_\_\_\_**

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**I have read and understand the DMS refund policies (attached)**  
*initial here*

\_\_\_\_\_  
**Signature of Applicant or Agent**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Project Name**

\_\_\_\_\_  
**Location**

**DIVISION OF MITIGATION SERVICES (DMS)**  
**IN-LIEU FEE REQUEST FORM** Revised Jan 2024

Complete requested information, sign and date, email to [kelly.williams@deq.nc.gov](mailto:kelly.williams@deq.nc.gov) . Attachments are acceptable for clarification purposes (location map, address or lat long is required). Information submitted is subject to NC Public Records Law and may be requested by third parties.

<b>CONTACT INFORMATION</b>	<b>APPLICANT'S AGENT</b>	<b>APPLICANT</b>	
<b>1. Business/Company Name</b>			
<b>2. Contact Person</b>			
<b>3. Street Address or P O Box</b>			
<b>4. City, State, Zip</b>			
<b>5. Telephone Number</b>			
<b>6. E-Mail Address</b>			
<b>PROJECT INFORMATION</b>			
<b>7. Project Name</b>			
<b>8. Project Location</b> (nearest town, city)			
<b>9. Lat-Long Coordinates or attach a map</b>			
<b>10. County</b>			
<b>11. River Basin &amp; Cataloging Unit (8-digit)</b> (See Note 1)			
<b>12. Project Type</b> <b>**indicate owner type and write in project type (e.g. school, church, retail, residential, apartments, road, utilities, military, etc.)**</b>	Owner Type:                      Government                      Private		
	Project Type:		
<b>13. Riparian Wetland Impact</b> (ac.) (e.g., 0.13)			
<b>14. Non-Riparian Wetland Impact</b> (ac.)			
<b>15. Coastal Marsh Impact</b> (ac.)			
<b>16. Stream Impact</b> (ft.) (e.g. 1,234)	<b>Warm</b>	<b>Cool</b>	<b>Cold</b>
<b>17. Riparian Buffer Impact</b> (sq. ft.) Include subwatershed if Jordan or Falls Lake:	Zone 1:	Zone 2:	
<b>18. Regulatory Agency Staff Contacts</b>	NCDWR:		
USACE:	Other:		
Check ( <input type="checkbox"/> ) below if this request is for a: revision to a current acceptance  renewal of an expired acceptance  extension of unexpired acceptance	<b>By signing below, the applicant is confirming they have read and understand the DMS refund policy attached to this form.</b>  <b>Signature of Applicant or Authorized Agent:</b>  _____  <b>Date:</b> _____		

Note 1: For help determining the Cataloging Unit, visit [the DMS Website](#) and use the search box to find your impact location. For questions contact Kelly Williams at 919-707-8915 or [kelly.williams@deq.nc.gov](mailto:kelly.williams@deq.nc.gov) or the main phone at 919-707-8976.

## Refund Policy for Fees Paid to DMS In-Lieu Fee Programs

Purpose: The purpose of this policy is to make clear the circumstances and process under which a permittee can obtain a refund while simultaneously balancing customer service and responsible business practices. This policy applies to all refund requests.

Policy Statement: The policy of DMS is to allow for refunds under certain conditions.

1. All refund requests must be made in writing to the DMS In-Lieu Fee Program Coordinator at [kelly.williams@deq.nc.gov](mailto:kelly.williams@deq.nc.gov).
2. All refund requests are subject to fund availability. DMS does not guarantee fund availability for any request.
3. The request must either come from the entity that made the payment or from an authorized agent. Third parties requesting refunds must provide written authorization from the entity that made the payment specifying the name and address of the authorized refund recipient.
4. Refund requests related to unintended over-payments, typographical errors or incorrect invoices should be brought the attention of the In-Lieu Fee Program Coordinator as soon as possible. Such requests are typically approved without delay.
5. Payments made under the incremental payment procedure are not eligible for refunds.
6. Refund requests made within nine months of payment to DMS will only be considered for requests associated with projects that have been terminated or modified where the permittee's mitigation requirements have been reduced. Such requests must be accompanied by written verification from the permitting agency that the project has been canceled, the permits have been rescinded or have been modified, or the mitigation requirements have been reduced.
7. Refund requests made more than nine months from the payment date will only be considered for permits that were terminated or modified to not require any mitigation. Such requests must be accompanied by written verification from the permitting agency that the project has been cancelled, the permits have been rescinded and/or mitigation is no longer required.
8. Refund requests not meeting the criteria specified above are not eligible for a refund.
9. Refund requests that meet the criteria above will be elevated to DMS Senior Management for review. The following considerations apply to all refund requests:
  - a. availability of funds after consideration of all existing project and regulatory obligations
  - b. the date the payment was made
  - c. the likelihood DMS can use the mitigation procured using the payment to meet other mitigation requirements
10. Once a refund has been approved, the refund recipient must provide a completed W-9 form to the DMS In-Lieu fee Program Coordinator within two weeks in order to process the refund through the State Controller's Office.
11. All decisions shall be final.