



SURFACE WATER IDENTIFICATION REQUEST

For

Erosion Control Division

ORANGE COUNTY PLANNING & INSPECTIONS DEPARTMENT

Please submit this completed request form to Ren Ivins, Erosion Control Supervisor for assignment to Erosion Control Staff.

Date requested: _____

Date needed*: _____

*Be advised that this determination is weather dependent, and can only be conducted as weather conditions permit.

Requested by: DRC
 Owner Agent – Name: _____
 Staff Member – Name/Dept.: _____

- **If right of entry to this property has not been previously granted by the Owner's signature on an application for subdivision, please complete the reverse side of this form.** Application Submitted: Y N

Tract Information

Parcel Identification Number: _____ Acreage: _____

TMBL: _____ Watershed: _____

Property Owner: _____

Location / Physical Address: _____

Subdivision: _____

Owner's / Agent's Contact Information:

Name: _____

Phone: _____

Fax: _____

Email: _____

Mailing Address: _____

Assigned to: _____

Completed on (date): _____ Initials: _____

Returned Via Hand Delivery Mail Inter-Office Mail Email

ORANGE COUNTY PLANNING & INSPECTIONS DEPARTMENT

Craig N. Benedict, AICP, Director

Erosion Control Division
(919) 245-2588
(919) 644-3002 (FAX)
www.co.orange.nc.us



131 W. Margaret Lane
P O Box 8181
Hillsborough,
North Carolina, 27278



Surface Water Identification Authorization Form

Date: _____

Parcel Information: PIN _____ TMBL _____

Parcel Address

Mailing Address

I, (print name) _____, as owner of the property described above, or as a representative of the owner(s) with power of attorney, do hereby convey permission to Orange County Planning and Inspections 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 Sections 6.23 and 6.24 of the Orange County Zoning 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.

Signature of Owner

Date

Signature of Representative

Date

Please mail or fax this form to the letterhead address, Attn: Ren Ivins.