



TOWN OF CARRBORO • NC
STORMWATER DIVISION

Stream Determination Request
AUTHORIZED AGENT FOR LEGAL REPRESENTATION FORM

PROPERTY LEGAL DESCRIPTION:

PARCEL ID (PIN) _____

STREET ADDRESS: _____

Please print:

Property Owner: _____

Property Owner: _____

The undersigned, owner(s) of the above described property, do hereby authorize

_____, of _____
(Contractor/Agent) (Name of consulting firm if applicable)

to request a stream determination on this property and to act on my/our behalf and take all actions, I/we could have taken if present, necessary for the processing, issuance and acceptance of the stream determination for this property.

Property Owner's Address (if different than property above):

Owner Telephone: _____ Email: _____

We hereby certify the above information submitted is true and accurate to the best of our knowledge.

Owner Authorized Signature Date

Owner Authorized Signature Date

Contractor/Agent Authorized Signature Date

Submit this form with your Stream Determination Request. If you have any questions please contact the Stormwater Division at stormwater@carrboronc.gov.