



**PUBLIC WORKS DEPARTMENT  
STORMWATER DIVISION**

301 W. Main Street  
Carrboro, NC 27510

<http://www.townofcarrboro.org/287/Stormwater>

## REQUEST FOR STREAM DETERMINATION

Stream determinations are used to determine where the Town's Water Quality Buffer regulations apply. Town staff will typically conduct a field visit to classify streams on the property(ies) indicated below within one week of a request depending on weather conditions and staff availability. Please note that stream determinations cannot be conducted within 48 hours of a rain event. Stream determinations are included in the Town's Fee Schedule; submitting this form obligates the person submitting the form to agree to pay the fee (currently \$60-\$120). In some cases, the fee may be waived based on circumstances related to the work involved and mapping of streams in the Town's GIS. If a stream determination has previously been completed on or near the property(ies) listed below, a site visit may not be required, the stream determination will be based on a records review, and no fee will be required. Email digital requests to [stormwater@townofcarrboro.org](mailto:stormwater@townofcarrboro.org) or submit paper version in person at Town Hall or by mail to 301 West Main Street, Carrboro, NC 27510 (attn.: Stormwater Division, Public Works Dept.)"

**Requestor's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature of property owner or designated legal agent granting permission to Town Staff to enter the property(ies) indicated below for purposes of a Stream Determination:**

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

Owner Name(s): \_\_\_\_\_  
(Please print)

Company Name (if applicable): \_\_\_\_\_

<b>Property Information</b>	
<b>Fill in both columns, <u>or</u> fill in Parcel ID Number (PIN) and attach a site map indicating location.</b>	
Parcel ID Number (PIN)	Address / Location Description



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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):

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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

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