



APPLICATION FOR STORMWATER CONTROL MEASURE AS-BUILT APPROVAL

SUBMITTAL REQUIREMENTS

- **Completed Forms & Documentation:** 1 hardcopy & pdf
 - The [Development Application form](#) (see [Administrative Manual 4.4.1](#))
 - This application form, Signed & Sealed by certifying professionals, completed submittal checklist, and associated documentation
- **Plans:** 1 hardcopy & pdf
 - Must include strike-through updates of all items shown on the approved Construction Drawing SCM plan sheet(s). Do not include plan sheets that are unrelated to the SCM.
 - Must include the [Town's standard Record Drawing Signature Block](#)
- **Stormwater Management Report*:** 1 hardcopy & pdf
 - Must include strike-through updates of all items in the report approved with the Construction Drawings
- **Application Fee:**
 - See [current fee schedule](#) in the Town's [Administrative Manual 4.6.1](#).

PROJECT DESCRIPTION	
Development Name: _____	
Wake County PIN: _____	Real Estate ID: _____
Town SCM ID(s): _____	
Town Project No.: _____	HTE File No.: _____

Complete the following Checklist to ensure all applicable items are included with the submittal. *Initial* in the appropriate box as to "Provided" or "not-applicable" and leave the "reviewer" column blank.

Information	Provided	N/A	Reviewer
Development Application Form (see Administrative Manual 4.4.1)			
Engineer's Certification (with original wet signature)			
Surveyor's Certification (with original wet signature)			
Plans with updated survey & constructed facility data (design info shall be stricken & as-built survey points shown)			
Updated Stormwater Report* with constructed data (design info stricken)			
Geotech Certification & associated Field Inspection Reports			
Soil Media Mix testing & gradation certification			
Copy of Recorded BMP O & M Agreement			
Confirmation of Maintenance Security Payment			
Copy of approved bulletin revisions			
Application Fee: Amount = _____ (see current fee schedule)			

****only required if revisions needed from approved report***

Town Project No.: _____

Complete the following information for each SCM identified in the “Town SCM ID(s)” section above. If there are more than four SCMs in the project, attach an additional sheet with the information for each area provided in the same format as below.

SCM Information	SCM ID: _____		SCM ID: _____	
	Approved**	As-Built	Approved**	As-Built
SCM Type				
Total Drainage Area (sf)				
On-site Drainage Area (sf)				
Off-site Drainage Area (sf)				
Impervious Area (sf)				
% Impervious Area (total)				
1” Water Quality Volume (CF)				
1” WQv Elevation (FT)				
1” WQv Drawdown (Days)				
1-Year Storm Runoff Rate (CFS)				
2-Year Storm Runoff Rate (CFS)				
10-Yr Storm Runoff Rate (CFS)				
100-Yr Freeboard (FT)				

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	Approved**	As-Built	Approved**	As-Built
SCM Type				
Total Drainage Area (sf)				
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% Impervious Area (total)				
1” Water Quality Volume (CF)				
1” WQv Elevation (FT)				
1” WQv Drawdown (Days)				
1-Year Storm Runoff Rate (CFS)				
2-Year Storm Runoff Rate (CFS)				
10-Yr Storm Runoff Rate (CFS)				
100-Yr Freeboard (FT)				

**** Provide information from the approved Stormwater Report, or bulletin revisions. Any variations from this must be noted and brought to the attention of the Stormwater Engineer prior to submittal.**

Town Project No.: _____

CONSULTANT INFORMATION AND CERTIFICATION

Complete this section with the contact information for the certifying professional, and statement of compliance.

Consulting Engineer' Name: _____

Consulting Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

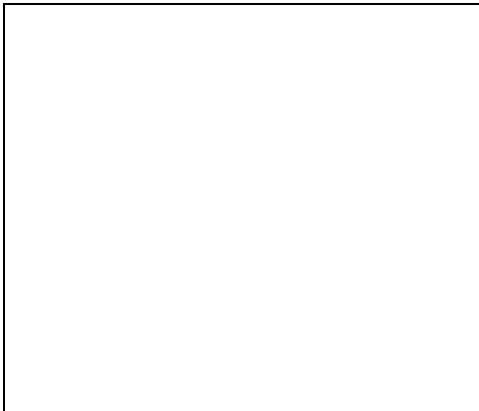
Email: _____

ENGINEER'S CERTIFICATION

I, *(print or type name of person listed in Contact Information)* _____,

certify that the information included on this As-built Acceptance application form is, to the best of my knowledge, correct and that the project has been constructed in conformance with the approved plans, that the required deed restrictions, protective covenants, easements, and plats have been recorded, and that the proposed project complies with the requirements of the applicable stormwater rules required by the Town of Morrisville.

Signature: _____ Date: _____



SEAL

Town Project No.: _____

SURVEYOR INFORMATION AND CERTIFICATION

Complete this section with the contact information for the certifying professional, and statement of compliance.

Surveyor's Name: _____

Surveyor Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

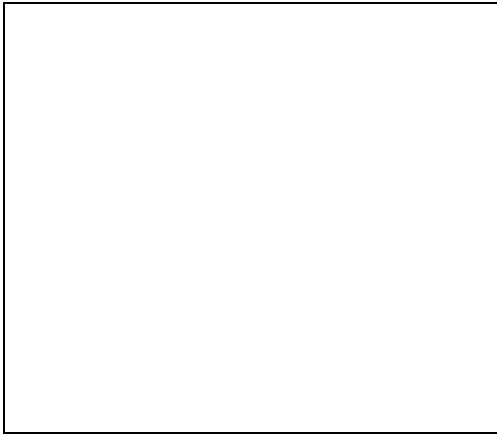
Phone: _____

Email: _____

SURVEYOR'S CERTIFICATION

I, *(print or type name of person listed in Contact Information)* _____, certify that the information included with this application form is, to the best of my knowledge, correct and accurately represents the improvements constructed per the field survey, and are consistent with the information depicted in the Record Drawings.

Signature: _____ Date: _____



SEAL