



## SURFACE WATER IDENTIFICATION REQUEST

Stormwater Management Division  
101 E. Orange Street / P.O. Box 429  
Hillsborough, NC 27278

Phone: (919) 732-1270, Ext. 77, Fax: (919) 644-2390

Website: [www.ci.hillsborough.nc.us](http://www.ci.hillsborough.nc.us)

### Tract Information:

Parcel Identification Number:	_____	Acres:	_____
Property Owner(s):	_____		
Location/Physical Address:	_____		

### Owner/Agent Information

Name:	_____	Telephone:	_____
Email:	_____		
Mailing Address:	_____		
Location/Physical Address:	_____		

### Authorization

I, (print name) \_\_\_\_\_ as owner of the property described above, or as a legally authorized representative of the owner, do hereby convey permission to the Town of Hillsborough Stormwater Division 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 Section 6.20.17 of the Town of Hillsborough Unified Development 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

Date Requested: _____	Requested by: <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Staff
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