Please provide your permit number in box in the upper right hand corner, complete the information in the space provided below and return the completed renewal form along with the required supplemental information to the address indicated.

**Owner Information**  
*Address to which permit correspondence will be mailed*

Owner / Organization Name:  
Owner Contact:  
Mailing Address:  
Phone Number:  
Fax Number:  
E-mail address:  

**Facility Information**  
Facility Name:  
Facility Physical Address:  
Facility Contact:  
Mailing Address:  
Phone Number:  
Fax Number:  
E-mail address:  

**Permit Information**  
Permit Contact:  
Mailing Address:  
Phone Number:  
Fax Number:  
E-mail address:  

**Discharge Information**  
Receiving Stream:  
Stream Class:  
Basin:  
Sub-Basin:  
Number of Outfalls:  

**Facility/Activity Changes**  
Please describe below any changes to your facility or activities since issuance of your permit. Attached a separate sheet if necessary.

**CERTIFICATION**  
I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete and accurate.

Signature  
Date  

Print or type name of person signing above  

Title  

Please return this completed application form and requested supplemental information to:

SW Individual Permit Coverage Renewal  
Stormwater Permitting Program  
1612 Mail Service Center  
Raleigh, North Carolina  27699-1612