

# Stormwater Control Measure (SCM) Permit Application

Catawba County Planning and Parks Department

Tel. (828) 465-8380

Admin. (828) 465-9568

Email: [planning@catawbacountync.gov](mailto:planning@catawbacountync.gov)

Date Application Received (by Planning): \_\_\_\_\_ Permit Number: \_\_\_\_\_

Date Application Approved (by Planning): \_\_\_\_\_  For SCM Plan Revision

## Part A. Project Information

1. Project Name: Magnolia Cove
2. Project Address: 6677 NC 150
3. Parcel Identification Number(s): \_\_\_\_\_
4. Type of Use (residential, commercial, industrial, etc.): Residential
5. Total site area: \_\_\_\_\_ Total disturbed area: \_\_\_\_\_

## Part B. Contact Information

1. Project Contact Person:  
Name: Aaron Guess E-mail Address: Aaron@StonyHomes,NC

Authority \_\_\_\_\_ Company \_\_\_\_\_

407.276.6663 Telephone Number Fax Number \_\_\_\_\_

4700 Millenia Blvd #175 Mailing Address Orlando FL 32839 City/State/Zip Code

2. Landowner(s) of Record (attach additional page if necessary):

Same Name Telephone Number \_\_\_\_\_

\_\_\_\_\_ Mailing Address City/State/Zip Code \_\_\_\_\_

\_\_\_\_\_ Name Telephone Number \_\_\_\_\_

\_\_\_\_\_ Mailing Address City/State/Zip Code \_\_\_\_\_

\_\_\_\_\_ Name Telephone Number \_\_\_\_\_

\_\_\_\_\_ Mailing Address City/State/Zip Code \_\_\_\_\_

3. Person(s) or firms (s) who are financially responsible for the land-disturbing activity if different from owner(s). (Attach additional page if necessary):

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

4. Engineer or Technical Representative:

Miles Wright Miles@Wrightandassociates.com  
 Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Engineer Wright & Assoc  
 Authority \_\_\_\_\_ Company \_\_\_\_\_

828-850-2160 \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

209 1st Ave S Conover NC 28613  
 Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Aaron Guess  
 Applicant (Type or print name) \_\_\_\_\_

MGR  
 Title or Authority \_\_\_\_\_

[Signature]  
 Signature \_\_\_\_\_

3-10-22  
 Date \_\_\_\_\_

(Check)	FOR STAFF USE ONLY
	SCM APPLICATION
	REVIEW FEE (\$110)
	SCM CONSTRUCTION PLAN W/ CALCULATIONS/ SITE PLAN
	SCM OPERATION AND MAINTENACE MANUAL
	SCM MAINTENANCE AGREEMENT
	PERFORMANCE BOND FOR CONSTRUCTION OF SCM
	SCM ACCESS EASEMENT FORM
	BOA APPLICATION
	PRELIMINARY SUBDIVISION PLAT/ SITE PLAN