



**Town of Indian Trail  
Stormwater Services**  
315 Matthews-Indian Trail Rd.  
PO Box 2430  
Indian Trail, NC 28079  
Phone: (704)-821-5401

**Concept Plan & Consultation Meeting for Post-Construction  
Storm Water Ordinance Application Form**

Consultation Meeting Requested for Project:  Yes  No

Name of Development: \_\_\_\_\_

Project Address: \_\_\_\_\_ Tax Parcel: \_\_\_\_\_

Total Area of Project: \_\_\_\_\_ Total Disturbed Area: \_\_\_\_\_

Type of Development:  Commercial  Residential  Mixed Use

Resubmittal:  Yes  No

Owner's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Designer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Designer's Address: \_\_\_\_\_

Designer's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Designer's Email: \_\_\_\_\_

*This application conveys the information necessary for review of the Concept Plan for compliance with the applicable Post-Construction Storm Water Ordinance. Concept Plan approval is required prior to approval of the preliminary plan for the project.*

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Project Number: _____</p>
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