

Applicant

Landowner

Third Party/Landowner

NAME: _____ Phone: _____ BUSINESS: _____ Mobile: _____ ADDRESS: _____		NAME: _____ Phone: _____ BUSINESS: _____ Mobile: _____ ADDRESS: _____		NAME: _____ Phone: _____ BUSINESS: _____ Mobile: _____ ADDRESS: _____	
DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/> District, Division or NRCS Employee? NO <input type="checkbox"/> YES <input type="checkbox"/>		DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/> District, Division or NRCS Employee? NO <input type="checkbox"/> YES <input type="checkbox"/>		DISTRICT SUPERVISOR? NO <input type="checkbox"/> YES <input type="checkbox"/> District, Division or NRCS Employee? NO <input type="checkbox"/> YES <input type="checkbox"/>	
COUNTY: _____	APPLICATION #: _____		FUNDING SOURCE: Regular CCAP <input type="checkbox"/> CWMTF <input type="checkbox"/> 319 <input type="checkbox"/>		
LATITUDE: _____ LONGITUDE: _____	RECEIVING WATERS: _____	14 DIGIT HYDROLOGIC UNIT #: _____		OTHER PROJECT FUNDING: 319 <input type="checkbox"/> LOCAL <input type="checkbox"/> CWMTF <input type="checkbox"/> OTHER <input type="checkbox"/>	

1. Describe the water quality problems on the property:
  
2. Describe the proposed treatment for which BMP assistance is needed :
  
3. Directions to site.
  
4. Type of property: Single -family Home  Commercial Property  Gov't/Institutional  Subdivision   
 Multi-unit Residential  Public Park/Greenway  Other (please specify)  \_\_\_\_\_
  
5. a. For single-family dwelling, was the certificate of occupancy issued three or more years ago? Yes  No   
 b. Has the property been developed for three years or more and released from its sedimentation/erosion control plan? Yes  No

Information provided on this NC-CCAP application and/or accompanying documents is subject to the North Carolina Public Records Law and may be disclosed to third parties.

I hereby apply for financial assistance under the North Carolina Community Conservation Assistance Program. This application does not guarantee cost share approval or obligate the applicant to enter into a cost share agreement.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

District Chair \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_

N.C. Division of Soil and Water Conservation \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_

