

Soil Erosion And Sedimentation Control Ordinance Request For Appeal

Submitted to the Storm Water Advisory Committee (SWAC) Regarding a Decision by City Engineering

Date Appeal Request Filed: _____

This appeal must be completed and filed within thirty (30) days of receipt of the Notice of Violation, Order of Restoration, Disapproval or Modification of Proposed Plan, or Assessment of a Civil Penalty. The appeal requests are placed on the SWAC meeting agenda according to the acceptance date.

_____)
_____)
(Print Your Name) _____)
PETITIONER, _____)
_____)
vs. _____)
REQUEST FOR APPEAL _____)
CITY OF CHARLOTTE _____)
ENGINEERING & PROPERTY MANAGEMENT _____)
DEPARTMENT _____)
RESPONDENT.)

I hereby ask for a hearing as provided for by the City of Charlotte Soil Erosion and Sedimentation Control Ordinance to review the decision of the City of Charlotte Engineering Department as stated in the

- Assessment of a Civil Penalty
- Notice of Violation
- Order of Restoration
- Plan Disapproval or Modification

Dated: _____,

For the property located at:

(Street Address)

and activity known under the project name of:

- Payment of the \$100 filing fee is enclosed and payable to Mecklenburg County.

Briefly state facts showing how you believe you have been harmed by the decision or action of the City Engineer.

Check here if you plan to have legal representation at the appeal. Please provide the attorney's name, mailing address, phone number, fax number, and email address on the signature page of this application.

Parties involved in the land-disturbing activities:

Financial Responsible Party/Owner _____

Developer/Builder _____

Contractor Conducting the Activity _____

On-site Field Superintendent _____

Any changes in information on this application must be presented to the Storm Water Advisory Committee (SWAC) Clerk at least seven (7) business days before the appeal hearing date.

SIGNATURE PAGE

I certify that all of the information presented by me in this application is accurate to the best of my knowledge and belief.

Signature of Applicant

Represented by (Signature)

Type or Print Applicant Name

Type or Print Representative Name

Applicant's Title

Representative's Title

Company Name

Company Name

Street Address or P.O. Box

Street Address or P.O. Box

City, State, Zip Code

City, State, Zip Code

Date

Date

Telephone Number

Telephone Number

Fax Number

Fax Number

Email Address

Email Address