EXTENSION REQUEST FORM
Property Representative Page

This page (1) should be completed by the property representative. This form (2 pages), and any supporting documents must be submitted as a single PDF attachment to scminspections@raleighnc.gov. Once received, staff will review the submittal to ensure all requested information is included, and notify the requesting party of acceptance or not.

Site Name: ____________________________________________

Site Address: __________________________________________

N-file #: __________________ Anniversary Date: _____________ Has this date passed? [ ] YES [ ] NO

Name of Property Owner/Representative completing form: ____________________________________________

Email: ____________________________________________ Best Phone #: ____________________________

Relationship to Site:
[ ] Property Owner [ ] HOA Member [ ] Other; ________________________________
[ ] Property Manager [ ] Tenant

(Part 1) - Reason for requesting an extension (must select one):

A. A qualified professional has completed a site inspection and identified items that are preventing certification of the site/SCM’s as in compliance. Site needs additional time to address the concerns, and re-inspect.

B. An Annual Inspection Certification Report was submitted to Stormwater Staff and denied. The site needs additional time to address the issues identified by staff, and then have a qualified professional re-inspect.

(Part 2) - Please initial to confirm the following:

A. I have included a NON-CERTIFIED/Failed Inspection Report from a qualified professional, documenting the condition of the site/SCM(s), and the items preventing certification as “in-compliance.” The qualified professional has also completed page 2 of this form. (Skip if you selected “B” in Part 1).

B. I have confirmed with all hired professionals that all maintenance/repair work and re-inspections needed for certification can be completed before the extension date being requested.

C. I have included documentation that the necessary repairs/maintenance have been contracted/scheduled (such as a contract, work order, scope of work, invoice, etc.)

Site Record Keeping:
[ ] YES [ ] NO Does this site maintain records of routine inspection, maintenance and/or repair performed on the SCM(s)?

[ ] YES [ ] NO Does this site maintain copies of their Annual Inspection Reports previously accepted by the City?

[ ] YES [ ] NO Does the site maintain documentation on their SCM(s)? (such as as-built plans, as-built certification, device detail plans, O&M Manuals, etc...)

Extension Request Date:
All items preventing certification will be addressed, and a certified annual inspection report submitted to staff by;

(month) __________________________ (day) __________ (year) ____________

I understand that failure to submit a certified annual inspection report by the date requested may result in enforcement, and potential fines. I also understand that using an extension request may prohibit the site’s ability to use an extension in the future.

Site Representative Signature: ____________________________________________ Date: ____________________
EXTENSION REQUEST FORM

Qualified Professional Page

This page (2) should be completed by the qualified professional. Note that all Annual Inspection reports must be completed and certified by a North Carolina Professional engineer, surveyor, or landscape architect. To request an extension the Qualified Professional completing the annual inspection needs to provide a NON-CERTIFIED/Failed Inspection Report detailing the items preventing certification, unless otherwise instructed by staff.

Select One: [ ] Surveyor [ ] Engineer [ ] Landscape Architect

Name: ____________________________________________ License Number: ____________________________
Title: __________________________________________ Company Name: ________________________________
Address: ________________________________________
City: __________________________ State: ___________ Zip Code: __________________________
Email: __________________________________________ Direct Phone: ____________________________

Information to Include in Failed Inspection Report

▪ Summary of general site conditions, and level of maintenance/condition of each SCM.
▪ Statements about the items preventing certification of the devices/site, and recommended action.
▪ Photos depicting site conditions, and items preventing certification.

*If there are multiple devices in a report, the information and photos for each device should be clearly separated and labeled. Devices should be named/referenced by identifiers on stormwater management plans for that site.

Please Check all that Apply

☐ After performing a thorough inspection of the site, I found that not all required stormwater control facilities (including open space areas) are performing properly and/or in compliance with the approved stormwater control plan, the applicable maintenance manual required by Unified Development Ordinance (UDO) Sect 9.2.2(D) and the Raleigh Stormwater Control and Watercourse Buffer Manual.
☐ There is outstanding maintenance and/or repairs that need to be completed to certify the devices.
☐ I have detailed the items that are preventing certification of the site in a report format on the attached pages.
☐ I have spoken with the site and/or their hired professionals about having these items addressed.
☐ I intend to perform the re-inspection of this site, and certification of the annual inspection report once the items detailed below are addressed.

Total # of SCMs: ______________ SCM Type(s):
(Wetland, Wet Pond, Dry Pond, Bioretention, UG Detention, UG Sand Filter, Grassed Swale, Level Spreader w/ VFS, PPUOS, Permeable Pavement, Infiltration)

Answer the following, and provide any additional details in the attached report (NR = No Representation)

[ ] YES [ ] NO [ ] NR Do you think the SCM(s)/site is receiving adequate routine maintenance throughout the year?
[ ] YES [ ] NO [ ] NR Are there any ongoing maintenance concerns at this site?
[ ] YES [ ] NO [ ] NR Do you think any SCM(s) is nearing its life expectancy?
[ ] YES [ ] NO [ ] NR Are there any large maintenance or repair items you recommend the site prepare for?
[ ] YES [ ] NO [ ] NR Any recommendations to improve the maintenance or function of the device(s)?

Qualified Professional Signature: __________________________________________ Date: ____________________