

**TOWN OF BLACK  
MOUNTAIN  
Stormwater**

**REPORT FORM**

PLEASE PRINT NEATLY Fill out all required fields and provide as much detail as possible

**SECTION 1 Premises to be Reviewed**

Nearest Cross Street: \_\_\_\_\_

Premises type (Please check the appropriate box)  Residential  Commercial  Industrial  Other: \_\_\_\_\_

Street Address (Please include the correct house number) \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

**SECTION 2 Complainant Information (if we have questions or need to do a site visit)**

\_\_\_\_\_

Last Name First Name Phone number(s)

\_\_\_\_\_

Email Address

\_\_\_\_\_

Street Address (Please include your house number) Town, State, Zip

**SECTION 3 Stormwater Complaint Type (Check as many as known)**

**PLEASE CHECK OFF ANY OF THE FOLLOWING WHICH APPLY, AND DESCRIBE IN FULL IN SECTION 4.**

- |                                            |                                     |                                                 |
|--------------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Blocked Culvert   | <input type="checkbox"/> Erosion    | <input type="checkbox"/> Small Pipes            |
| <input type="checkbox"/> Construction      | <input type="checkbox"/> Ponding    | <input type="checkbox"/> Lack of Culvert        |
| <input type="checkbox"/> Illicit Discharge | <input type="checkbox"/> Sediment   | <input type="checkbox"/> Accumulation of Litter |
| <input type="checkbox"/> Drainage          | <input type="checkbox"/> Vegetation |                                                 |

Other: \_\_\_\_\_

**SECTION 4 ADDITIONAL INFORMATION/DETAILS (Required)**

PLEASE PROVIDE EXPLANATIONS OF PREVIOUS SECTIONS, AND ANY RELEVANT MOTOR VEHICLE OR TENANT INFORMATION

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETED COMPLAINT FORMS MUST BE SUBMITTED TO THE BLACK MOUNTAIN PLANNING DIRECTOR**

*160 Midland Ave.*

*Black Mountain, NC 28711*

*Phone: 828-419-9373 Fax: 828-669-2030*

*[Email: jessica.trotman@townofblackmountain.org](mailto:jessica.trotman@townofblackmountain.org)*

**NOTE: If you submit your name, address,  
telephone number and/or email address, they will  
be subject to public record per N.C.G.S. Chapter  
132 and will be released if asked for.**