



DIVISION OF CONSTRUCTION

NOTICE OF CONSTRUCTION COMPLETION FORM (NOCC)

Unique Permit/Structure/ID Number: _____ Date Sent: _____

Site Name (Owner, Business, Church, Hospital, Park, School, Shopping Center, and so forth):

Structure/Site Address (numbered roadway address as in 475 W Main St or intersection as in directional E, N, S, W, NE, NW, SE, and SW of Cranberry Ave & Cornwall and/or Department of Assessment and Taxation Map/Parcel/Lot numbers):

Street Address: _____
Place/City: _____ Zip Code: _____
Map: _____ Grid: _____ Parcel: _____ Lot: _____

Location:

Northing/Latitude _____
Easting/Longitude _____
ADC Map Coordinates _____

Structure Drainage Area:

Facility Drainage Area (acres): _____ Total Project Area (acres): _____
Landuse Code: _____ Runoff Curve Number: _____

Structure Description:

Structure Type (Check One):

Detention Structure (Dry Pond)	<input type="checkbox"/>	Dry Well	<input type="checkbox"/>
Extended Detention, Dry	<input type="checkbox"/>	Extended Detention, Wet	<input type="checkbox"/>
Infiltration Basin	<input type="checkbox"/>	Infiltration Trench	<input type="checkbox"/>
Oil Grit Separator/WQ Inlet	<input type="checkbox"/>	Porous Pavement	<input type="checkbox"/>
Retention Structure (Wet Pond)	<input type="checkbox"/>	Sand Filter	<input type="checkbox"/>
Shallow Marsh (Artificial Wetlands)	<input type="checkbox"/>	Underground Storage	<input type="checkbox"/>
Other (Describe) _____			

Facility Site Location: On-Site Facility Off-Site Facility

Permit Approval Date: _____ Construction Completion Date: _____ or if the Construction Completion Date is not available, then use the Earliest Maintenance Phase/Inspection Date: _____

General Comments: _____

The person completing this form should provide the following information:

Name: _____ Title: _____
Agency/Company: _____ Phone: _____

Signature/Initials: _____ Date: _____

Contact: Site Inspector
Division of Construction
80 West Baltimore Street
Hagerstown MD 21740
Phone: 240-313-2460 Fax: 240-313-2401

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