

Vermont Stormwater Management Manual 2017

NOTICE OF INTENT (NOI)

to apply for Individual Stormwater Discharge Permit (INDS)

Submission of this application constitutes notice that the applicant(s) requests authorization to discharge stormwater for their project listed below pursuant to the Chapter 22 Stormwater Management Rule. To obtain authorization, the applicant must submit a complete and accurate application, as well as all required supporting materials. Submission of an application does not confer coverage under an Individual Permit. Please carefully read all guidance information in the Narrative Template and Application Requirements for Operational Permits before signing.

| A. Applicant Information | | | |
|---|---|--|--|
| 1. Applicant A: | | | |
| 2a. Address: | | | |
| 2b. Town: | 2c. State | : | 2d. Zip: |
| 3. Phone: | | 4. Email: | |
| 5. Additional Contact Name/Email (if applicable): | | | |
| 6. Applicant B: | | | |
| 7a. Address: | | | |
| 7b. Town: | 7c. State | : | 7d. Zip: |
| 8. Phone: | | 8. Email: | |
| 10. Additional Contact Name/Email (if applicable): | | | |
| 11. Please select either Applicant A or Applicant B: | | | |
| Applicant will be billed for the annual operator Stormwater Program. The applicant(s) shall be the owner and operator. If the applicant is a bit application is made in connection with a housing or commercial develops stormwater management system shall apply as co-permittees [§18-308 please attach an additional page. B. Application Preparer/Consultant Informatio | usiness, the buoment, the de (b)(4)] and [§2 | usiness must be registered with veloper and an owners' associa 22-308 (b)(5)]. For projects that | the Vermont Secretary of State. If the tion accepting responsibility for the |
| 1. Company: | | | |
| 2. Name: | | | |
| 3a. Address: | | | |
| 3b. Town: | 3c. State | : | 3d. Zip: |
| 4. Phone: | | 5. Email: | |
| 6. Additional Contact Name/Email (if applicable): | | | |
| C. Project Information (all fields required) | | | |
| 1. Project Name: | | | |
| 2. Physical Address: | | | |
| 2a. Town: | 2b. C | County: | |
| 3. Project Coordinates (project center in <u>Decimal De</u> | _ | 5 digits to the right of | the decimal): |

| specify that the receiving water is an unnamed tributary, or wetland, etc. and state the first named receiving water do | | mamed water, |
|--|---------------------|--------------|
| 5. Number of Discharge Points: | | |
| 6. Is this NOI being submitted in connection with a common plan of development (includes, but i residential and commercial subdivisions, universities, industrial parks, and ski areas)? | s not limite YES | ed to NO |
| 7. Existing/Pending Stormwater Permit Authorization Number related to this project (if any): | | |
| 8. Is this an amendment to an existing Stormwater Permit/Authorization? If yes, you must contact the district analyst to determine application review fees and you must submit a complete all materials to be covered under the authorization regardless of whether or not they have changed since the original transfer or the submit a complete all materials to be covered under the authorization regardless of whether or not they have changed since the original transfer or the submit a complete all materials to be covered under the authorization regardless of whether or not they have changed since the original transfer or the submit a complete all materials to be covered under the authorization regardless of whether or not they have changed since the original transfer or the submit a complete all materials to be covered under the authorization regardless of whether or not they have changed since the original transfer or the submit as t | | |
| 9. Have you or will you be submitting an NOI for coverage under a Stormwater Construction Disc | harge Perr YES | nit? NO |
| 10. Does the project involve activities that are classified as stormwater hotspots? | YES | NO |
| 11a. Does the project involve activities within a regulated wetland or wetland buffer? 11b. If yes, have you contacted the district Wetland Ecologist? Yes, I spoke with | YES | NO |
| 12a. Does the project involve activities within a regulated floodplain or river corridor? 12b. If yes, have you contacted the regional Floodplain Manager? Yes, I spoke with | YES | NO |
| 13a. Does the project involve activities within a perennial stream channel? 13b. If yes, have you contacted the district River Management Engineer? Yes, I spoke with | YES | NO |
| 14a. Was the Site Balancing Design Strategy used to meet standards? | YES | NO |
| 14b. Was the Net Reduction Design Strategy used to meet standards?15. Why is coverage under the INDS permit required? (Check all that apply) | YES | NO |
| An Alternative Stormwater Treatment Practice was used. (see 2017 VSMM, Section 4.4) Other: Please describe: | | |
| 16. SPAN: Enter the 11-digit number that is printed on the property tax bill for the applicable par involve more than 1 parcel shall list all applicable SPANs. | cel(s). Pro | jects that |
| | | |
| | | |
| 17. Is this project funded by a State ARPA program? YES NO If you have been awarded application fee funding through the Permit Obtainment Assistance Program, you must to this application. | attach your | award letter |
| 18. Project Description: Briefly describe the project. (If an amendment, please describe the prev project and the proposed change to the previously permitted project.): | iously perr | mitted |
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| A manner of discharge is required for each discharge point of the project. The manner of discharge shall specify the type of impervious surfaces, the conveyance, and type of treatment proposed to meet applicable treatment |
|---|
| standards, and shall describe the stormwater outfall to the specified receiving water. Use the format and example below to provide a written manner of discharge for each discharge point. If more space is needed, provide an additional sheet. |
| S/N 001: Stormwater runoff from [list impervious surfaces] via [describe conveyance] to [treatment practices] discharging to [Receiving water]. |
| Ex) S/N 001: Stormwater runoff from warehouse building rooftop on Lot 2 and a portion of access road, via sheet flow to pre-treatment swale #1, all routed to a bioretention system (designed for infiltration to groundwater), with overflow discharging by controlled outlet structure and stabilized outfall to Trout Brook. Additional runoff from building rooftop on Lot 3, is disconnected in accordance with Simple Disconnection, discharging overland to Trout Brook. |
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| E. Plan Set Reference |
| Provide a complete list of all plans applicable to the stormwater management design that have been included with |
| this application. Specify who the plans have been prepared by (e.g. Fairweather Stormwater Design, Inc.) and list the plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. Sheet 1, "Existing Condition Plan", dated 01/15/2017, last revised 02/06/2017). |
| plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. |
| plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. Sheet 1, "Existing Condition Plan", dated 01/15/2017, last revised 02/06/2017). Dated plans are required. Using the above format enter the plan set reference for the project in the space below. If |
| plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. Sheet 1, "Existing Condition Plan", dated 01/15/2017, last revised 02/06/2017). Dated plans are required. Using the above format enter the plan set reference for the project in the space below. If more space is required, provide an attachment. |
| plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. Sheet 1, "Existing Condition Plan", dated 01/15/2017, last revised 02/06/2017). Dated plans are required. Using the above format enter the plan set reference for the project in the space below. If more space is required, provide an attachment. |
| plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. Sheet 1, "Existing Condition Plan", dated 01/15/2017, last revised 02/06/2017). Dated plans are required. Using the above format enter the plan set reference for the project in the space below. If more space is required, provide an attachment. |
| plans using the following format: Sheet [##], "[Sheet Title]," dated [mm/dd/yyyy], last revised [mm/dd/yyyy]; (e.g. Sheet 1, "Existing Condition Plan", dated 01/15/2017, last revised 02/06/2017). Dated plans are required. Using the above format enter the plan set reference for the project in the space below. If more space is required, provide an attachment. |

F. Impervious Area Summary

Complete the following table with the appropriate impervious acreage as applicable. Round all areas to the nearest **0.01 acres**. For definitions of new impervious surface, expanded impervious surface, redevelopment and existing impervious surface, see <u>Chapter 22</u>: <u>Stormwater Management Rule</u>.

| Impervious Surfaces Proposed for Coverage | | | |
|---|-------|--|--|
| 1. New/Expanded Impervious Area | Acres | | |
| 2. Redeveloped Impervious Area | Acres | | |
| 3. If this is an amendment*, enter previously permitted impervious area (refer to authorization): | Acres | | |
| 4. If this is an amendment*, enter previously permitted impervious area to be included for permit coverage in amended authorization: | Acres | | |
| 5. Total impervious area to be permitted for this project (add lines 1+2+4) | Acres | | |
| 6. Total Area for application fee calculation : (For new projects add lines 1+2, for amendments see below.) | Acres | | |

^{*}If the current application is an amendment, contact the <u>District Analyst</u> who covers the Project Town prior to submitting this application to determine if a full review fee is required.

IMPORTANT: DO NOT include impervious area in the fee calculation unless the stormwater runoff from the surface will meet the applicable treatment standards set forth in the Vermont Stormwater Management Manual. This impervious surface breakdown as completed above MUST match the total impervious surfaces presented in the Standards Compliance Workbook completed for the discharge points in your application. If these totals do not match, your application will be returned to you as administratively incomplete.

| G. Permit Application | Fees (Per 3 V.S.A. Sec. 2822) | |
|--------------------------------|---|----------------------------|
| Administrative Processing Fee | | \$240.00 |
| | total impervious acres X \$860 per impervious acre (Class B waters) (minimum fee \$440) | \$ |
| Application Review Fee | total impervious acres X \$1400 per impervious acre (Class A waters) (minimum fee \$1400) Water classification can be found here: http://dec.vermont.gov/content/vermont-water-quality-standards | \$ |
| Total Permit Application Fees* | Enclosed check # Paid by: | \$ Please do not round. |

Refund Policy:

- If an application is modified, withdrawn or denied after technical review has commenced; all fees are retained.
- If an application is withdrawn prior to administrative review; all fees will be refunded.
- If an application is withdrawn after administrative review but prior to commencement of technical review, deemed administratively incomplete and returned to applicant, or determined that a permit is not required; administrative fees are retained, and permit application review fees will be refunded.

^{*}If any application fees will be paid for by a state funding program (e.g. the 3-Acre Permit Obtainment Assistance Program), you must attach funding award documents, such as an award letter, to this application.

| n. Certification of Complete Application and Designer Certific | Lation |
|--|---|
| Please carefully read all information in the Application Require | ements for Operational Permits before signing. |
| A complete application shall contain the following items saved Complete NOI form | d as separate PDFs: |
| Attachment 1: Narrative: Narrative, Location Map, and So | oils Map. |
| Attachment 2: Workbooks: STP Selection Tool and Standa | rds Compliance Workbook |
| Attachment 3: Worksheets: STP and waiver worksheets, g | rouped by discharge point |
| Attachment 4: Modeling: Runoff modeling and calculation standards. | ns demonstrating compliance with the applicable treatment |
| Attachment 5: Plans: Pertinent plan sheets with all require Requirements for Operational Permit Document. | ed information outlined in Part 7 of the Application |
| Designer Certification: I hereby certify that I have reviewed the App required information with this NOI. I hereby certify that the design-under an Individual Stormwater Discharge permit (INDS) was prepar information is, in the exercise of my reasonable professional judgme stormwater collection, treatment, and control system design submit Management Rule and the Vermont Stormwater Management M | related information submitted with the NOI for coverage ed under my direction or supervision and that the ent, true, accurate, and complete. I also hereby certify that the sted with this application complies with DEC's Stormwater |
| Signature of Stormwater Designer | Date |
| Designer Name and Title | Company Name (if applicable) |
| Electronic signatures are ac | ccepted on this form. |
| | |

| I. Applicant Certification | | | | |
|--|--|--|--|--|
| An authorized representative of each applicant as listed in Section A of this NOI shall complete the section below. If | | | | |
| additional space is needed, the applicant may attach additional copies of th | is page to the NOI. | | | |
| | | | | |
| By initialing to the right, I certify that I have notified adjoining landov | vners of the proposed project using the | | | |
| Stormwater Program Abutter Notification form. | | | | |
| | | | | |
| I hereby certify that I have read <u>Chapter 22 Stormwater Management Rule</u> | and agree to abide by its terms. I | | | |
| understand that there will be annual reporting requirements and annual op | erating fees based on the amount of | | | |
| impervious permitted herein. | | | | |
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| Circusture of Ocure or Authorized Bornsontative | Data | | | |
| Signature of Owner or Authorized Representative | Date | | | |
| | | | | |
| | | | | |
| Type Name | Title | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature of Owner or Authorized Representative | Date | | | |
| | | | | |
| | | | | |
| Type Name | Title | | | |
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| | | | | |
| Electronic signatures are accepted on this for | orm. | | | |
| If the applicant is a business, the signature must be provided by one of the following: i) the p | person listed as the registered agent with the | | | |
| Secretary of State; ii) an executive figure such as the president, chairperson or superintendent, or; iii) an individual whose status as an | | | | |
| authorized representative is verified in writing by the registered agent or executive figure. If the applicant is an individual, but the application is | | | | |
| being signed by an authorized representative, a letter from the applicant stating that that person is the authorized representative must accompany this application. | | | | |
| accompany this application. | | | | |
| | | | | |
| Please submit form, required attachments, and payme | ent using ANROnline at | | | |
| https://apropline.vermont.gov/?formtag=W | /SMD_Intake | | | |

The Vermont Agency of Natural Resources operates its programs, services, and activities without discrimination on the basis of race, religion, creed, color, national origin (including language), ancestry, place of birth, disability, age, marital status, sex, sexual orientation, gender identity, or breastfeeding. We will not tolerate discrimination, intimidation, threats, coercion, or retaliation against any individual or group because they have exercised their rights protected by federal or state law. To file a discrimination complaint, for questions, free language services, or requests for reasonable accommodations, please contact ANR's Nondiscrimination Coordinator at ANR.CivilRights@vermont.gov or visit ANR's online Notice of Nondiscrimination.



Department of Environmental Conservation Watershed Management Division1 National Life Drive, Davis 3 Montpelier, Vermont 05620-3522

https://dec.vermont.gov/watershed

Agency of Natural Resources

[phone] 802-828-1115

FOR APPLICATION SUBMISSION AND FEE PAYMENTS, VISIT ANRonline:

https://anronline.vermont.gov/?formtag=WSMD_Intake

| 1. Scroll to the bottom of the page and click the | 6 | Begin Form Entry | button. |
|---|---|------------------|---------|
|---|---|------------------|---------|

- 2. Log in to an account, sign up for an account, or continue as a guest user.
- 3. Fill out each field in the General Information Section.
 - Type the name of the contact person, phone, and email address.
 - Select the Watershed Management Division Program. *The program name is written at the top the application*.
 - Select 'Permit Application' as the submission type.
 - Click the Attach Forms/Supporting Materials button at the bottom of the page.
- 4. Click "Choose File" and select your application, plans, maps, or compliance notifications.
 - Click the VI NEXT SECTION button at the bottom of the page.
- 5. Type the application fee amount.
 - Click the Review button at the bottom of the page.
- 6. Review your data.

 - Click the Submit Form button at the bottom of the page.
- 7. Sign in or continue as a guest to pay the application fee.
 - Click the Pay Online button.
- 8. Enter your credit/debit card or eCheck information.
 - Click the button at the bottom of the page. *Note: You must provide your email address in the billing information section if you want a receipt emailed.*
 - Your submission will now show the fee has been paid. You may print a confirmation/receipt from here if needed.

