



**NOTICE OF INTENT (NOI)
TO DISCHARGE STORMWATER
PURSUANT TO GENERAL PERMIT
3-9010**

For Dept. Use Only
Notice of Intent No:

1. Applicant Information (*Starred fields in Section 1 are required.)

A. Applicant Name*¹: _____ Contact: _____
Address of Applicant(s)*: _____
City*: _____ State*: _____ Zip*: _____
Telephone Number*: _____ E-mail Address*: _____

B. Additional Applicant Name (if applicable): _____
Address of Applicant(s): _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____

C. Applicant* ___ is the current land owner. (Fill in A or B)
Applicant* ___ will be billed for the annual operating fee and be the primary contact for correspondence with the Stormwater Program. (Fill in A or B)

¹The applicant(s) shall be the owner and operator. If the applicant is a business, the business must be registered with the Vermont Secretary of State. If the application is made in connection with a new housing or commercial development, the developer and an owners' association accepting responsibility for the stormwater management system shall apply as co-permittees [§18-308 (b)(4)]. For projects that require listing more than two applicants, please attach an additional page.

2. Application Preparer/ Consultant Information (if applicable)

Application Preparer Name: _____
Application Preparer Company: _____
Address of Application Preparer: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____

5. Fees

Administrative Processing Fee	\$240.00 (standard)	\$240.00
Past-Due Operating Fees	All previous annual operating fees on the permit being renewed must be paid in full.	\$ _____ (Total past-due operating fees)
Total Permit Application Fees	Enclosed Check# _____ Paid by: _____	\$ _____

6. Applicant Certification

I hereby certify that I have read General Permit 3-9010 (http://www.vtwaterquality.org/stormwater/hwm/sw_3-9010.htm) and agree to abide by its terms. I understand that there will be annual reporting requirements and annual operating fees based on the amount of impervious permitted herein.

Signature of Owner or Authorized Representative

Title

Type Name

Date

Additional Signature of Owner or Authorized Representative (if applicable)

Title

Type Additional Name

Date

Please sign the document electronically. If you cannot sign electronically, please only submit the signatures page in the paper form, do not scan entire NOI.