

**AGENCY OF NATURAL RESOURCES  
STORMWATER MANAGEMENT PROGRAM**

**APPLICATION TO ADD CO-PERMITTEE(S)**

A co-permittee or co-permittees may be added to an individual stormwater discharge permit or an authorization to discharge under a general stormwater discharge permit only with the prior written approval of the Secretary of the Agency of Natural Resources. All applicable fees of \$240.00 under 3 V.S.A. §2822 must be paid and all compliance requirements must be met before the Secretary will approve the addition of a co-permittee or co-permittees.

Please provide the following information:

1. Stormwater Discharge Permit No. or Notice of Intent No. (if a co-permittee is being added to an Authorization to Discharge under a Stormwater Discharge General Permit): \_\_\_\_\_
  
2. Please verify the name of this project: \_\_\_\_\_
  
3. Current Permittee(s)  
  
Name:  
  
Address:  
  
Phone Number/Email:
  
4. Prospective Co-Permittee(s)  
  
Name:  
  
Address:  
  
Phone Number/Email:
  
5. Proposed date for addition of Co-Permittee: \_\_\_\_\_
  
6. By signing this statement the prospective Co-Permittee(s) certifies that:
  - a. the conditions of the facility operation that contribute to, or affect, the stormwater discharge will not be materially different with the addition of the new Co-Permittee(s);

- b. the prospective Co-Permittee(s) has read and is familiar with the terms of the individual stormwater discharge permit or the authorization to discharge and general permit, and agrees to comply with all of the terms and conditions of the individual stormwater discharge permit or the authorization to discharge and general permit, whichever is applicable;
- c. the prospective Co-Permittee(s) has adequate funding or other means to effect compliance with the terms and conditions of the individual stormwater discharge permit or the authorization to discharge and general permit, whichever is applicable.

7. Signatures:

Name of Current Permittee(s): \_\_\_\_\_

Signature of Authorized Representative(s) \_\_\_\_\_

Title of Authorized Representative(s) \_\_\_\_\_

Date \_\_\_\_\_

Name of Prospective Co-Permittee(s): \_\_\_\_\_

Signature of Authorized Representative(s) \_\_\_\_\_

Title of Authorized Representative(s) \_\_\_\_\_

Date \_\_\_\_\_

**Please mail this application to:**

**DEC  
Watershed Management Division  
1 National Life Drive  
Main Building, 2<sup>nd</sup> Floor  
Montpelier, VT 05620-3522**