



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 \*as of January 1, 2018 email addresses are required**

**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 is the current land owner

\_\_\_\_\_ Applicant will be billed for the annual operating fee and be the primary contact for correspondence with the Stormwater Program.

The 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 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)] and [§22-308 (b)(5)]. For projects that require listing more than two applicants, please attach an additional page.

**B. Application Preparer/Consultant Information (if applicable)**

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:

3a. Town:

3b. County:

4. Receiving Water(s) (Receiving water is the name of the waterbody that runoff from the site first enters. In the case of an unnamed water, specify that the receiving water is an unnamed tributary, or wetland, etc. and state the first named receiving water downstream):  
\_\_\_\_\_

5. Number of Discharge Points: \_\_\_\_\_

6. Is this NOI being submitted in connection with a common plan of development (includes, but is not limited to residential and commercial subdivisions, universities, industrial parks, and ski areas)? YES 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? YES NO  
If yes, you must contact the district analyst to determine application review fees and you must submit a complete application package with all materials to be covered under the authorization regardless of whether or not they have changed since the original application.

8a. If yes, provide the permit number to be amended. \_\_\_\_\_

9. Have you or will you be submitting an NOI for coverage under a Stormwater Construction Discharge Permit? YES 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? YES NO  
11b. If yes, have you contacted the district [Wetland Ecologist](#)? Yes, I spoke with \_\_\_\_\_

12a. Does the project involve activities within a regulated floodplain or river corridor? YES NO  
12b. If yes, have you contacted the regional [Floodplain Manager](#)? Yes, I spoke with \_\_\_\_\_

13a. Does the project involve activities within a perennial stream channel? YES NO  
13b. If yes, have you contacted the district [River Management Engineer](#)? Yes, I spoke with \_\_\_\_\_

14a. Was the Site Balancing Design Strategy used to meet standards? YES NO  
14b. Was the Net Reduction Design Strategy used to meet standards? YES NO

15. Why is coverage under the INDS permit required? (Check all that apply)  
 Project discharges to a stormwater impaired water.  
 An Alternative Stormwater Treatment Practice was used. (see 2017 VSMM, Section 4.4)  
 Other: Please describe: \_\_\_\_\_

16. If discharging to a stormwater impaired water, how will the offset be provided? Offset will be:  
 Purchased from an existing INDO offset permit  
 Provided onsite (Ex. By treating existing untreated impervious surface or removal of existing impervious)  
 Created offsite within the same watershed  
 Project meets Net-Zero discharge by infiltrating runoff up to the 1 year storm  
 Other: Please describe \_\_\_\_\_

17. SPAN: Enter the 11-digit number that is printed on the property tax bill for the applicable parcel(s). Projects that involve more than 1 parcel shall list all applicable SPANs.  
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**Project Coordinates (project center in Decimal Degrees with 5 digits to the right of the decimal):**

18a. Latitude: \_\_\_\_\_ 18b. Longitude: - \_\_\_\_\_

19. Project Description: Briefly describe the project. (If an amendment, please describe the previously permitted project and the proposed change to the previously permitted project.):

**D. Manner of Discharge**

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.*

**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).

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.

Design firm: \_\_\_\_\_

**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 [Chapter 22: Stormwater Management Rule](#).

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

*\*If the current application is an amendment, contact the [District Analyst](#) 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
Application Review Fee	_____ total impervious acres X \$860 per impervious acre (Class B waters) (minimum fee \$440)	\$ _____
	_____ total impervious acres X \$1400 per impervious acre (Class A waters) (minimum fee \$1400)  Water classification can be found here: <a href="https://dec.vermont.gov/content/vermont-water-quality-standards">https://dec.vermont.gov/content/vermont-water-quality-standards</a>	\$ _____
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.

## H. Certification of Complete Application and Designer Certification

Please carefully read all information in the [Application Requirements for Operational Permits](#) before signing.

A complete application shall contain the following items saved as separate PDFs:

- **Complete NOI form**
- **Attachment 1: Narrative:** Narrative, Location Map, and Soils Map.
- **Attachment 2: Workbooks:** STP Selection Tool and Standards Compliance Workbook
- **Attachment 3: Worksheets:** STP and waiver worksheets, grouped by discharge point
- **Attachment 4: Modeling:** Runoff modeling and calculations demonstrating compliance with the applicable treatment standards.
- **Attachment 5: Plans:** Pertinent plan sheets with all required information outlined in Part 7 of the Application Requirements for Operational Permit Document.

Designer Certification: I hereby certify that I have reviewed the Application Requirements Document and have included the required information with this NOI. I hereby certify that the design-related information submitted with the NOI for coverage under an Individual Stormwater Discharge permit (INDS) was prepared under my direction or supervision and that the information is, in the exercise of my reasonable professional judgment, true, accurate, and complete. I also hereby certify that the stormwater collection, treatment, and control system design submitted with this application **complies with DEC's Stormwater Management Rule and the Vermont Stormwater Management Manual.**

\_\_\_\_\_  
Signature of Stormwater Designer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designer Name and Title

\_\_\_\_\_  
Company Name (if applicable)

**Electronic signatures are accepted 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 this page to the NOI.

\_\_\_\_\_ By initialing to the left, I certify that I have notified adjoining landowners of the proposed project using the [Stormwater Program Abutter Notification](#) form.

I hereby certify that I have read [Chapter 22 Stormwater Management Rule](#) 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Title

**Electronic signatures are accepted on this form.**

If the applicant is a business, the signature must be provided by one of the following: i) the 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.

**Please submit form, required attachments and payment using ANR Online at [https://anronline.vermont.gov/?formtag=WSMD\\_Intake](https://anronline.vermont.gov/?formtag=WSMD_Intake)**

If unable to submit on-line, mail a CD or DVD containing the completed application form, and required attachments along with a check for the processing fee made payable to State of Vermont to:

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