



Application For Transfer of Operational Stormwater Permits

For Dept. Use Only
Notice of Intent No:

1. Permittee Information (All fields in Parts A and B are required)

An individual stormwater discharge permit or authorization to discharge under a general stormwater discharge permit is not transferable without the prior written approval of the Secretary of the Agency of Natural Resources. This Application for Transfer must be submitted at least thirty (30) days prior to the proposed date of transfer. The administrative processing fee of \$240.00 under 3 V.S.A. §2822 must be paid and all compliance requirements, including past due and current operating fees must be met before the Secretary will approve any transfer.

A. Current Permittee Name: _____
Address _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____

A1. Additional Current Permittee Name (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____

B. Prospective Permittee Name¹: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____

B1. Additional Prospective Permittee Name¹(if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ E-mail Address: _____

C. Applicant___ will be billed for the annual operating fee and will be the primary contact for correspondence with the Stormwater Program. (Fill in B or B1)

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

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: _____

3. Project Information (All fields in Section 3 are required)

A. Stormwater Discharge Permit or NOI Number of Permit being Transferred: _____

B. Verify Name of Project: _____

C. Verify Project Physical Location: _____

D. Proposed Date of Transfer: _____

E. Parcel SPAN Number: _____

4. Fees

Administrative Processing Fee	\$240.00 (standard)	\$240.00
Operating Fees	All previous and current annual operating fees on the permit being transferred must be paid in full.	\$ _____ (Total operating fees)
Total Transfer Fees	Enclosed Check# _____ Paid by: _____	\$ _____

5. Signatures

By signing this statement the prospective permittee(s) certifies that:

- a. the conditions of the facility operation that contribute to, or affect, the stormwater discharge will not be materially different under the new ownership;
- b. the prospective permittee 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 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.
- d. the permit is up to date with the annual inspection report, restatement of compliance, and the permit has been filed in the local land records, and all operating fees have been paid to date.

Name of Current Permittee(s): _____

Signature of current permittee or authorized Representative(s) : _____

Title of Authorized Representative(s) : _____

Date: _____

Name of Prospective Permittee(s): _____

Signature of Prospective Permittee or Authorized Representative(s): _____

Title of Authorized Representative(s): _____

Date : _____

Name of Application Preparer/Consultant (if applicable): _____

Signature of Application Preparer/Consultant (if applicable): _____

Date: _____

Please submit this application, administrative processing fee, operating fees (if applicable) and any outstanding compliance to:

Department of Environmental Conservation

Stormwater Management Program

1 National Life Drive, Main 2

Montpelier, VT 05620-3522

*** Please use additional signature pages if needed**

Updated 01-2016