



Application for Individual Stormwater 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 18 or 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 Document](#) before signing.

A. Applicant Information

1. Applicant A:

2a. Address:

2b. Town:	2c. State:	2d. Zip:
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3. Phone:	4. Email:
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5. Additional Contact Name/Email (if applicable):

6. Applicant B:

7a. Address:

7b. Town:	7c. State:	7d. Zip:
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8. Phone:	9. Email:
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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 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.

B. Application Preparer/Consultant Information (if applicable)

1. Application preparer name:

2. Application preparer company:

3a. Application preparer address:

3b. Town:	3c. State:	3d. Zip:
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4. Phone:	5. Email:
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6. Additional Contact Name/Email (if applicable):

C. Project Information

1. Is this application being submitted in connection with a subdivision (includes, but is not limited to residential and commercial subdivisions, universities, industrial parks, and ski areas)?	Yes	No
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2. Existing Stormwater Permit/Authorization Number related to this project (if any):

3a. Is this an amendment to an existing Stormwater Permit/Authorization?	Yes	No
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3b. If yes, I have contacted the district analyst to determine application review fees.	Yes	No
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4. Have you or will you be submitting a Notice of Intent (NOI) for coverage under a Stormwater Construction Discharge Permit?	Yes	No
5. Does the project involve activities that are classified as stormwater hotspots?	Yes	No
6. Why is coverage under the INDS permit required? (Check all that apply)		
<p style="margin-left: 20px;">Project discharges to a stormwater impaired watershed</p> <p style="margin-left: 20px;">Project located within Lake Champlain Basin. Net zero phosphorus required.</p> <p style="margin-left: 20px;">The Site Balancing Procedure is used.</p> <p style="margin-left: 20px;">The Linear Transportation Procedure was used.</p> <p style="margin-left: 20px;">Alternate Treatment Practice was used.</p> <p style="margin-left: 20px;">Other. Please describe _____</p>		
7. If discharging to a stormwater impaired water, how will the offset be provided?		
<p style="margin-left: 20px;">Offset will be:</p> <p style="margin-left: 20px;">Purchased from an existing INDO</p> <p style="margin-left: 20px;">Provided onsite (Ex. By treating existing untreated impervious surface or removal of existing impervious surface)</p> <p style="margin-left: 20px;">Created offsite within the same watershed</p> <p style="margin-left: 20px;">Not required as project meets Net-Zero</p> <p style="margin-left: 20px;">Other: Please Describe _____</p>		
8. Project Name:		
9a. Physical Address:		
9b. Town:	9c. County:	
10. Receiving Water(s):		
11. Number of Discharge Points:		
12. 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.		
_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
Project Coordinates (project center in <u>Decimal Degrees</u> with 5 digits to the right of the decimal):		
13a. Latitude	13b. Longitude:	
14. 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

1. 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.

S/N 001: Stormwater runoff from *[list impervious surfaces]* via *[describe conveyance]* to *[treatment practices]* discharging to *[Receiving water]*.

S/N 001: Stormwater runoff from warehouse building rooftop on Lot 2 and a portion of access road, via sheet flow to grass channel #1, all routed to a wet pond with pre-treatment forebay, discharging by controlled outlet structure and stabilized outfall to Trout Brook. Additional runoff from building rooftop on Lot 3, is disconnected in accordance with Disconnection of Rooftop Runoff Credit, discharging overland to Trout Brook

Use the format and example above to provide a written manner of discharge for each discharge point. If more space is needed, provide an additional sheet.

E. Plan Set Reference

1. 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 01/15/2014, last revised 02/06/2014).

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 18: Stormwater Management Rule](#)

Impervious Surfaces Proposed for Coverage

1. New/Expanded Impervious Area:	Acres
2. Redeveloped Impervious Area:	Acres
3. If this is an amendment, Previously Permitted Impervious Area:	Acres
4. If site balancing is used, enter the amount of existing impervious that will be treated	Acres
5. Total impervious area to be permitted for this project:	Acres
6. Total Area for application fee calculation: (For new projects add lines 1+2, for amendments see below. Carry this value over to following page.)	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 Schedule A's 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)	\$ _____
	_____ total impervious acres X \$1400 per impervious acre (Class A waters)	\$ _____
Total Permit Application Fees	Enclosed check # _____ Paid by: _____ Include a check payable to <u>State of Vermont</u> for the appropriate permit fees. Do not send a copy of the check. Round impervious acreage to nearest 0.01 acres	\$ _____

H. 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.

I hereby certify that I have read [General Permit 3-9015](#) 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

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

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.

I. Certification of Complete Application and Designer Certification

Please carefully read all guidance information in the [Narrative Template](#) and [Application Requirements Document](#) before signing.

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

A complete NOI form

Attachment 1: Narrative. Narrative, Location Map, and Soils Map (see Narrative Guidance).

Attachment 2: Worksheets. Schedule A's, waivers, and BMP worksheets. These shall be grouped by discharge point (see Application Requirements Document) .

Attachment 3: Modeling. Hydrologic modeling for the existing and proposed conditions including the pertinent storm events; WQv, 1-year, 10-year, and 100-year storm (see Application Requirements Document, Modeling Section).

Attachment 4: Plans. Pertinent plan sheets with legend, scale bar, and north arrow for the existing condition and proposed condition, as well as a detail plan sheet (see Application Requirements Document, Plan Sheet Section).

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 General Permit 3-9015 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)

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