Notice of Termination
For Portions of an Ongoing Construction Site
Under Vermont Construction General Permit 3-9020

Submission of this completed form constitutes notice that the entity in Section B seeks to terminate the authorization to discharge under Vermont’s Stormwater Construction General Permit 3-9020 (2006) (CGP) for those parts of the project described Section A. This form is available for Moderate Risk projects.

A. Project Information
1. Project Name: ________________________________ 2. Notice of Intent Number: ____________
3. Description of Portion of Construction Site for which termination is sought (include map):
   __________________________________________________________________________

B. Permittee Information
1. Name: ______________________________________
2. Mailing Address:
   a. Street/PO Box: ________________________________
3. Contact Information
   a. Phone: _______________ b. Fax: _______________ c. Email: ____________________________

C. Operator Information
1. Name: ______________________________________
2. Mailing Address:
   a. Street/PO Box: ________________________________
3. Contact Information
   a. Phone: _______________ b. Fax: _______________ c. Email: ____________________________

D. Basis for Termination:
☐ Final stabilization has been achieved on the portion of the site for which termination is sought
☐ Title of portion transferred to a new owner who has CGP or Individual Permit coverage
☐ A new operator has assumed control over the portion and has CGP or Individual Permit coverage
☐ Temporary stabilization completed on a residence transferred to new owner
1. Date of above action: ________________________________

2. New Permittee/Operator Name (if applicable): ________________

E. Certifications
I hereby certify that the parcel described in Section A has achieved final stabilization or is otherwise eligible for termination as specified in Section D. I hereby request that the parcel described in Section A be terminated from coverage under the authorized NOI.

On-Site Plan Coordinator:

Signature: ___________________________ Date: ___________________________

Authorized Representative of Permittee:

Name: ___________________________ Title: __________________________

Signature: ___________________________ Date: __________________________

Submit Original Form to:
Vermont Department of Environmental Conservation
Watershed Management Division, Stormwater Program
1 National Life Drive, Davis 3
Montpelier, VT 05620-3522