



For DEC Use:
 Application #: _____ PIN: _____ Reviewer: _____ Receive date: _____ Title 3: Y N
 Check #: Amount: \$ _____ Paid By: _____

Application For: (Check one)	Attach Schedule:	Action Requested: (Check one)
Municipal Discharge Permit	A	Original Permit
Industrial Discharge Permit	B	Renewal
Pretreatment Discharge Permit	B	Amendment
Emergency Pollution Permit	E	Transfer Permit # _____

Status of Discharge: (Check one)	Nature of Waste: (Check one)
Proposed	Sanitary (domestic sewage only)
Existing	Non-Sewage/Industrial

A. Applicant

1a. Name: _____
 1b. Legal Entity (Individual, corporation, partnership, firm, state agency, municipality, etc.): _____
 2a. Mailing Address: _____
 2b. Town: _____ 2c. State: _____ 2d. Zip: _____
 3. Phone: _____ 4. Email: _____

B. Project Activity

1. Name of Activity: _____
 2. Description of waste: _____
 3. Type of Activity: (Residential subdivision, paper mill, state park, motel, etc.) _____
 4. Name of Landowner: _____
 5. Location: _____ 6. Town: _____

C. Discharge Schedule

Using a separate serial number (S/N), identify each independent discharge which will result from the activity described above. Attach a separate schedule for each discharge identified below.
Use an attached sheet for additional discharges.

Discharge	Receiving Water	Latitude (optional)	Longitude (optional)
S/N 001			
S/N 002			
S/N 003			
S/N 004			
S/N 005			

D. Permit Renewal

If this application is for a permit renewal, is the previous application still valid in all respects?
Yes No If no, document changes on a separate attachment.
(Note: appropriate Schedule must be completed regardless if changes have occurred.)

E. Application Fees

3 V.S.A. Section 2822 Fees:
email jill.draper@vermont.gov for assistance calculating the application review fee.

\$240.00 Administrative Processing Fee		Does not apply to Emergency Pollution Permits
Plus Application Review Fee		Applies to all applications (except for name change)
Total Fee Enclosed		

F. Signature

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUBMITTED ABOVE IS TRUE, ACCURATE AND COMPLETE. I RECOGNIZE THAT BY SIGNING THIS APPLICATION I AM GIVING CONSENT TO EMPLOYEES OF THE STATE TO ENTER THE SUBJECT PROPERTY FOR THE PURPOSE OF PROCESSING THIS APPLICATION.

NAME AND TITLE OF APPLICANT OR LEGALLY AUTHORIZED REPRESENTATIVE (please print)

SIGNATURE DATE

NAME AND TITLE OF CO-APPLICANT OR LEGALLY AUTHORIZED REPRESENTATIVE (please print)

SIGNATURE DATE

By checking this box, I certify that all adjoining property owners have been sent a DEC Adjoiner form via US mail prior to submission of this application.

This application must be signed by the applicant or an officer in the applicant’s business, a municipal official, etc. The application CANNOT be signed by the applicant’s attorney, engineer, contractor, etc.

Submittal of Application: Attach appropriate schedules, administrative processing and application review fees, plans, specifications and other supporting material.

- 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.

Send completed application to:

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