

**Vermont Wetlands Program  
Administrative Amendment Application  
Transfer of Wetland Permit**



VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**WATERSHED MANAGEMENT DIVISION**  
WETLANDS PROGRAM

**Instructions:**

An individual wetland permit or authorization under the wetland general 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 fifteen (15) days prior to the proposed date of transfer. An administrative fee of \$50.00 must be paid at the time of submittal. The permit must also be filed in the land records before the Secretary will approve any transfer.

**Project Information: *All fields are required***

1. Wetlands Program Project Number (*7 digits*): \_\_\_\_\_
2. Project Location (*E911 address including town*): \_\_\_\_\_
3. Permit or authorization expiration date: \_\_\_\_\_
4. Proposed Date of Transfer: \_\_\_\_\_

**Prospective Permittee Information: *All fields required***

Name:			
Address:	City/Town	State:	Zip:
Phone Number:	Email Address:		

**Prospective Permittee Certification:**

By signing this statement the prospective permittee(s) certifies that they have read and are familiar with the terms and conditions of the individual wetland permit or the authorization under the wetland general permit, and agrees to comply with all the terms and conditions of the individual wetland permit or the authorization under the wetland general permit, whichever is applicable. You are certifying that all the information contained within is true, accurate, and complete to the best of your knowledge. Original signature is required.

Prospective Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Permittee Information: *All fields required***

Name:			
Address:	City/Town	State:	Zip:
Phone Number:	Email Address:		

**Current Permittee Certification:**

By signing this application you are certifying that all of the information contained within is true, accurate, and complete to the best of your knowledge. Original signature is required.

Current Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Preparer/Consultant Information: *If applicable***

Name:			
Address:	City/Town	State:	Zip:
Phone Number:	Email Address:		

**Application Preparer/Consultant Certification:**

By signing this application you are certifying that all of the information contained within is true, accurate, and complete to the best of your knowledge. Original signature is required.

Application Preparer/Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submittal:**

Submit this completed form and **\$50.00** fee made payable to the "State of Vermont" to:

**Vermont Department of Environmental Conservation**

Watershed Management Division  
Attn: Wetlands Program  
One National Life Drive, Main Bldg., 2nd Floor  
Montpelier, VT 05620

Or send an electronic copy to:  
[ANR.WSMDWetlands@vermont.gov](mailto:ANR.WSMDWetlands@vermont.gov)

**Refund Policy:** Permit review fees are non refundable unless an application is withdrawn prior to administrative review