

INDIVIDUAL STORMWATER DISCHARGE PERMIT APPLICATION

1. Applicant Name(s)¹: _____
2. Is this NOI being submitted in connection with a subdivision² ? Yes No
3. Address of Applicant(s): _____

4. Telephone Number: _____
5. Fax: _____
6. E-mail: _____
7. Project Name: _____
8. Project Location Address: _____
9. Project Location Coordinates: Lat: _____° _____' _____" Long: _____° _____' _____"
10. Act 250 Permit Number (if applicable): _____
11. Existing VTDEC Stormwater Permit Number related to this project (if any): _____
12. Number of discharge points for the project: _____
13. Receiving Water(s): _____
14. If your project will discharge to a stormwater impaired water, you will need to provide an off-set for your project. Please contact the stormwater management section to discuss these requirements.
15. Have or will you be submitting an application for coverage under a construction discharge permit also? Yes No Not Applicable
16. The following items must be included in your application materials for your application to be considered complete:
 - Narrative
 - o Provide the information requested on the "State Stormwater Discharge Permit Application Narrative Instructions" (✓)
 - Schedule A(s) and STP/Credit worksheets
 - o Complete and attach a copy of Schedule A for each discharge point from the project. (✓)
 - o Complete and attach STP/Credit/Waiver worksheets for each STP/Credit/Waiver listed on the Schedule A for each discharge point, as well as any necessary WQv calculation sheets. (✓)

¹ If the applicant is a business, the business must be registered with the Secretary of State.

² Includes, but is not limited to, residential or commercial subdivisions, condominiums or industrial parks.

Date of application: _____

18. **DESIGNER CERTIFICATION:** I hereby certify that the design-related information submitted with this application for permit coverage 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.**

Original Signature of Stormwater Designer

Title

Print or Type Name

19. **OWNER / OPERATOR CERTIFICATION:** I hereby certify that I have read this application and agree to abide by the terms of any Individual Permit issued by DEC.

Original Signature of Owner or Authorized Representative⁴

Title

Print or Type Name

Original Signature of Operator (if any) or Authorized Representative

Title

Print or Type Name

⁴ If the applicant is an individual, but the NOI is being signed by an authorized representative, then a letter indicating that said person is the authorized representative must accompany this NOI. If the applicant is a business (registered with the Sec. of State) then 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.