

**AGENCY OF NATURAL RESOURCES
STORMWATER MANAGEMENT PROGRAM**

APPLICATION FOR TRANSFER

An individual stormwater discharge permit or authorization to discharge under a general stormwater discharge 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 thirty (30) days prior to the proposed date of transfer. All applicable fees of \$100.00 under 3 V.S.A. §2822 must be paid and all compliance requirements must be met before the Secretary will approve any transfer.

Please provide the following information:

1. Stormwater Discharge Permit No. or Notice of Intent No. (for proposed transfer of an Authorization to Discharge under a General Permit): _____

2. Please verify the name of this project: _____

3. Current Permittee(s)

Name:

Address:

Phone Number/Email:

4. Prospective Permittee(s)

Name:

Address:

Phone Number/Email:

5. Proposed date of transfer: _____

6. By signing this statement the prospective permittee(s) certifies that:
 - a. the conditions of the facility operation that contribute to, or affect, the stormwater discharge will not be materially different under the new ownership;

- b. the prospective permittee has read and is familiar with the terms of the individual stormwater discharge permit or the authorization to discharge and general permit, and agrees to comply with all of the terms and conditions of the individual stormwater discharge permit or the authorization to discharge and general permit, whichever is applicable;
- c. the prospective permittee(s) has adequate funding or other means to effect compliance with the terms and conditions of the individual stormwater discharge permit or the authorization to discharge and general permit, whichever is applicable.

7. Signatures:

Name of Current Permittee(s): _____

Signature of Authorized Representative(s) _____

Title of Authorized Representative(s) _____

Date _____

Name of Prospective Permittee(s): _____

Signature of Authorized Representative(s) _____

Title of Authorized Representative(s) _____

Date _____

Please mail this application to:

**State of Vermont
Department of Environmental Conservation
Watershed Management Division
103 South Main Street
Building 10 North
Waterbury, VT 05671-0408**