City of Evans, Colorado

Application to Reassign Portions of Permit Coverage of the MS4 Stormwater Quality Discharge Permit for Construction Projects

This application is to be completed by both the current permitee that is releasing coverage under a SWQD permit and the new permittee that will be accepting permit coverage. This application is only for the re-assignment of portions of permit coverage. If entire coverage is being released to a new owner/operator/permittee, Use the **APPLICATION TO TRANSFER PERMIT COVERAGE**. All sections of this application must be completed, print or type all information.

THIS RE-ASSIGNMENT IS TO BE EFFECTIVE ON: _____

To be completed by the new permittee accepting the permit re-assignment:

1. **Name and Contact Information for Applicant:**

APPLICANT IS: _____OWNER _____DEVELOPER _____CONTRACTOR
Company Name: _____
Street Address: _____
City, State and Zip Code: _____
Legally Responsible Person: _____
E-Mail Address: _____
Phone #: _____
SWMP Administrator:_____Title/Position:_____
SWMP Administrator Phone _____
SWMP Administrator E-Mail: _____

2. **Name and Contact Information for Owner/Developer or Contractor, not Listed Above:**

Company Name: _____
Street Address: _____
City, State and Zip Code: _____
Legally Responsible Person: _____
E-Mail Address: _____
Phone #: _____

3. **Construction Activity Information:**

Street Address or Nearest Cross Streets: _____
Name of Subdivision / Project, or Activity: _____
Total Area of Project Site:_____ Acres:_____
Area of Project to Undergo Land Disturbance:_____ Acres:_____
Is This Activity Part of a Larger Common Plan of Development: _____Yes _____No

4.   Nature of Construction Activity:

_____Single family Residential   _____City Project
_____Multi-Family Residential   _____Utility Project
_____Commercial Development   _____Roadway

5.   Name and Contact Information for Applicant Reassigning Permit:

To be Completed by the Current Permitee re-assigning the Permit

APPLICANT IS: ____OWNER   _____DEVELOPER   _____CONTRACTOR
Company Name: _____
Street Address: _____
City, State and Zip Code: _____
Legally Responsible Person: _____
E-Mail Address: _____
Phone #: _____
SWMP Administrator:_____Title/Position:_____
SWMP Administrator Phone _____
SWMP Administrator E-Mail: _____

_____   _____
Signature of Applicant   Date

_____
Printed Name and Title

COMPLETE BOTH PAGES AND SUBMIT TO CITY OF EVANS ENGINEERING DIVISION WITH:

✓   ORIGINAL SIGNATURES IN INK
✓   APPROVED PROBABLE COST SHEET(S)
✓   PROOF OF ESTABLISHED FISCAL SECURITY FOR NEW PERMITTEE
✓ $500 CHECK FOR 3 YEARS COVERAGE

All City of Evans MS4 stormwater quality discharge permit holders are required to retain a hard copy of the City of Evans MS4 Stormwater Program for Construction Projects Manual on the jobsite at all times for reference and direction on the Requirements and Processes of the permitting requirements for all Construction Projects.

_____I HAVE DOWNLOADED A COPY OF THE CITY OF EVANS MS4 STORMWATER PROGRAM FOR CONSTRUCTION PROJECTS MANUAL

_____I WILL BE PURCHASING A COPY OF THE CITY OF EVANS MS4 STORMWATER PROGRAM FOR CONSTRUCTION PROJECTS MANUAL WHEN I PICK UP MY PERMIT

I hereby accept re-assignment of the portion of the below listed Stormwater Permit that is detailed on the City of Evans approved SWMP drawings. Original City of Evans MS4 Stormwater Quality Discharge Permit for Construction Projects: Stormwater Permit #_____.

_____
Signature of Legally Responsible Owner

_____
Date Signed

_____
Printed Name

_____
Title

_____
Signature of Legally Responsible Contractor

_____
Date Signed

_____
Printed Name

_____
Title

_____
Signature of City of Evans City Engineer

_____
Date

Approved Fiscal Security Amount: $_____