



## Application to Transfer Permit Coverage of the MS4 Stormwater Quality Discharge Permit for Construction Projects

This application is to be completed by both the current permittee that is releasing coverage under a SWQD permit and the new permittee that will be accepting permit coverage. This application is only for the transfer of permit coverage. All sections of this application must be completed, print or type all information.

**THIS TRANSFER IS TO BE EFFECTIVE ON:** \_\_\_\_\_

**To be completed by the new Permittee accepting the Permit transfer:**

**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 in 1. 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



I hereby accept transfer 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 Signed

Approved Fiscal Security Amount: \$\_\_\_\_\_