



Stormwater Division
8101 Ralston Rd
Arvada, CO 80002
720-898-7811

SITE DISTURBANCE PERMIT NUMBER

SITE _____ **Transfer Date:** _____

I hereby apply for a transfer of ownership of the City of Arvada Site Disturbance Permit Number _____, which was issued to _____(permittee).

I have reviewed the terms and conditions of this permit and accept responsibilities, coverage and liability (including Stormwater Management Plan where applicable).

If all information is correct, form is complete and transfer is approved, I request that this transfer be effective on _____(date).

PROJECT OR FACILITY INFORMATION

Project or Facility Name: _____

Facility Address: _____Arvada, CO _____(Zip)

NEW PERMITTEE INFORMATION (fill out all appropriate contacts)

Owner Name: _____

Company: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Telephone: (____)_____ Fax: (____)_____

Project Manager Name: _____

Company: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Telephone: (____)_____ 24-Hour Telephone: (____)_____ Fax: (____)_____

I certify that I have examined and am familiar with the information submitted herein and, based upon my inquiry of those individuals immediately responsible for obtaining the information; I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

 Owner / Developer Company

 Signature of Legally Responsible Party Date

<p><u>Escrow</u> Acres Disturbed: _____</p> <p>Escrow Received: \$_____ Cash / Letter of Credit (\$2,000 plus \$200 per acre) (circle one)</p>
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Permit Transfer Approved:

 City Official Name Date

Special Conditions: _____

Date of Warranty Inspection _____ **By:** _____ **Date Permit Terminated** _____ **By:** _____