

## Notice of Intent (NOI)

for the Re-issuance of a previously issued Operational Permit pursuant to **General Permit 3-9010** 

A. Applicant Information (as of January 1st, 2018, email addresses are required)			
1. Applicant A:			
2a. Address:			
2b. Town:	2c. State:	2d. Zip:	
3. Phone:	4. Email:		
5. Applicant B:			
6a. Address:			
6b. Town:	6c. State:	6d. Zip:	
7. Phone:	8. Email:		
9. Additional Contact:			
10. Additional Contact Email:			
11. Please select either Applicant A or Applicant B:			
Applicant is the current landowner			
Applicant will be billed for the annual operat ————————————————————————————————————	ing fee and be the primary conta	ct for correspondence with	
The applicant(s) shall be the owner and operator. It with the Vermont Secretary of State. If the applicated development, the developer and an owners' associmanagement system shall apply as co-permittees [For projects that require listing more than two applicates applicated in the system of the s	tion is made in connection with a ation accepting responsibility for §22-302(b)(3)(A)(ii)].	housing or commercial r the stormwater	
B. Application Preparer/Consultant Information [(if	applicable)(as of January 1st, 20	18, email addresses are required)	
1. Name:			
2. Company:			
3a. Address:			
3b. Town:	3c. State:	3d. Zip:	
4. Phone:	5. Email(s):		
C. Project Information (all fields are required)			
1. Project name:			
2. Previously issued permit number(s)_for renewal:			
3. Previously permitted impervious area(s):			
4a. Project Physical Address:			
4b. Town:	4c. County:		
Project Coordinates (project center in <u>Dec</u>	cimal Degrees with 5 digits to th	e right of the decimal)	
5a. Latitude:	5b. Longitude:		

6. Parcel(s) SPAN: Enter the 11-digit number that is printed on the property tax bill for the applicable parcel(s). Projects that involve more than 1 parcel shall list all applicable SPANs.				
7. Name of receiving water(s):				
8. Has the previously issued permit expired? Yes No (if yes, application review fee below applies)				
9. Has the project been built? Yes (if yes, skip to Part D.) No (If no, complete question 10)				
10. Has substantial construction of the project commenced? Yes No (if no, complete question 11)				
11. Please describe the substantial construction of the project that has commenced (if applicable):				
12. Was the stormwater management system designed to standards in place prior to the 2002 Stormwater Management Manual? Yes No (If "Yes," the project is not eligible for coverage under GP 3-9010. The project must apply for new permit coverage under the 2017 Vermont Stormwater Management Manual and applicable permit application requirements. Contact the Stormwater Program if you have questions).				
13. Has a restatement of compliance been performed by a P.E. within the last 3 years? Yes No				
If "Yes," continue to Section E. If "No," a certified Professional Engineer (P.E.) must complete and sign Section D.				
D. Statement of Compliance				
This section must be signed by a designer who is a professional engineer licensed pursuant to 26 V.S.A. Chapter 20 and practicing within the scope of their engineering specialty.				
The stormwater collection, treatment, and control system as authorized by the permit described in section C above is operating and maintained in accordance with the requirements of the permit.				
The stormwater collection, treatment, and control system authorized by the permit described in section C above is NOT operating properly and/or is NOT being maintained in accordance with the requirements of the permit.				
NOTE: The failure to properly operate and maintain the stormwater collection, treatment, and control system authorized by the permit described above constitutes a violation of state law and is subject to potential enforcement action by the Department of Environmental Conservation. Please take steps to correct all violations.				
P.E. Signature				

E. Fees			
Administrative Processing Fee	Flat fee	\$240.00	
Past-Due Operating Fees	All previous annual operating fees on the permit being renewed must be paid in full.	\$ (Total past-due operating fees)	
Application Review Fee (for expired permits only)	Total Impervious X \$860.00 per impervious acre (class B waters)	\$ (minimum fee of \$440.00 applies)	
Application Review Fee (for expired permits only)	Total Impervious X \$1,400 per impervious acre (class A waters)	\$ (minimum fee of \$440.00 applies)	
Total Permit Application Fees	Enclosed check #_ Paid by:	\$	

## **Refund Policy:**

- If an application is modified, withdrawn or denied after technical review has commenced; all fees are retained.
- If an application is withdrawn prior to administrative review; all fees will be refunded.
- If an application is withdrawn after administrative review but prior to commencement of technical review, deemed administratively incomplete and returned to applicant, or determined that a permit is not required; administrative fees are retained, and permit application review fees will be refunded.

F. Certification			
<b>Permittee:</b> I hereby certify that I have read <u>General Permit 3-9010</u> and there will be annual reporting requirements and annual operating fees permitted herein. I certify that the project and existing stormwater masubstantial construction prior to expiration of the most recent previous compliance with said permit. All reports, restatements of compliance a reports, restatements, or fees are overdue, you must submit these with information submitted with this NOI, in the exercise of my reasonable	based on the amount of impervious nagement system were built or commenced sly issued permit and is currently operating in nd fees are paid and up to date. (If any h your NOI.) I certify that the NOI and related		
Signature of Owner or Authorized Representative	Title		
Type Name	Date		
Additional Signature of Owner or Authorized Representative (if applicable)	Title		
Type Additional Name  Please sign the document electronic	Date cally.		
<b>Application Preparer (if applicable):</b> I hereby certify that I have include hereby certify that the design information submitted with the NOI for oprepared under my direction or supervision and that the information is judgment, true, accurate and complete.	coverage under General Permit 3-9010 was		
Signature of additional Application Preparer/Consultant (if applicable)	Title		
Type Application Preparer/Consultant Name (if applicable)	Date		
Please sign the document electronically.			