

# STORMWATER QUALITY (SWQ) PERMIT TERMINATION



\*Prior to submitting this form, a final inspection must be scheduled and passed with the Stormwater Coordinator.

## **PROJECT INFORMATION:**

PROJECT  
NAME: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

TOTAL DISTURBED AREA: \_\_\_\_\_ TOTAL AREA: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CDPHE STORMWATER PERMIT NO: \_\_\_\_\_

## **APPLICANT INFORMATION:**

### **PERMITEE**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **OWNER**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **REASON FOR PERMIT TERMINATION:**

PROJECT HAS MET FINAL STABILIZATION REQUIREMENTS

Identify stabilization methods: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# STORMWATER QUALITY (SWQ) PERMIT TERMINATION



## REASON FOR PERMIT TERMINATION *cont.:*

PERMIT TRANSFER

Identify new permittee permit number and contact information:

Town of Erie SWQ permit number: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROJECT DID NOT BEGIN/ NO DISTURBANCE

*I do hereby certify that this document was prepared under my supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, accurate, and complete.*

AUTHORIZED SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

Printed Name

\_\_\_\_\_

For Official Use Only:

Name of Town Staff Terminating Permit: \_\_\_\_\_

Date of Final Inspection: \_\_\_\_\_

Date of Permit Termination: \_\_\_\_\_