



Construction Activity Permit ▪ Notice of Transfer or Reassignment Application

Development Services Center ▪ 385 Kimbark St. Longmont CO 80501 ▪ 303-651-8330

This form shall be completed in order to transfer or reassign a Construction Activity Permit to a new responsible party. Please fill out this application for the all phases of the construction project.

Permit Information	
GENERAL	City Permit Number
	Project Name and Location
	Associations to transfer <i>Check all that will transfer</i> <input type="checkbox"/> Stormwater <input type="checkbox"/> Grading <input type="checkbox"/> Floodplain

Note: If you have a CDPHE Permit, remember to transfer it.

Current Permittee (Transferor)	
GENERAL	Permittee Name _____ Address _____
	Contact Name _____ Phone _____
CERTIFICATION	<p>The Transferor, as holder of the Construction Activity Permit which stipulates responsibilities, coverage and liability for operations involving discharges to the City of Longmont storm drainage system from the facility site location(s) described above, hereby applies for approval from the director to transfer the permit responsibility, coverage and liability to the above named Transferee. The Transferee agrees to assume the responsibility for compliance with all terms, limitations and conditions and any coverage or liability there under until the permit expiration date (or date of transfer or termination) and commencing on (insert date) _____. In witness whereof, that parties have executed this Agreement on: (insert date) _____.</p> <p>Or</p> <p><input type="checkbox"/> The Transferee does not agree to assume the responsibility for compliance but the Transferor no longer has legal responsibility, through ownership or contract, for the construction activities at the site. The permit needs to be reassigned.</p>
	<p>_____ Transferor Signature</p> <p>_____ Name (print)</p> <p>_____ Date</p> <p>_____ Title</p>

Continued

New Permittee (Transferee)

GENERAL	Project Name and Location	
	Land Owner Name	Permit Associations: <input type="checkbox"/> Stormwater <input type="checkbox"/> Grading <input type="checkbox"/> Floodplain
	Total Area of Development (acres)	Requested Expiration Date
	Applicant Name	Phone
	Contact Name	email
	Address	
STORMWATER <i>Attach a Site Plan</i>	Total Disturbed Area (acres)	Local Receiving Waters
	General Contractor	CDPHE permit #
	Contact Name	Phone
	Address	email
	24 hr Contact Name (General Contractor)	24 hr Phone
	24 hr Contact Name (for Permit Compliance)	24 hr Phone
	Company	Phone
	Address	email
GRADING	Total Estimated Cubic Yards of Earth being Moved (CY)	
	Contractor Name	Address
	Contact Name	Phone
	Soils Engineer Name	Address
	Contact Name	Phone
CERTIFICATION	<p>By signing this form, I (permittee), certify and acknowledge that I have read and full understood the terms and conditions of the Construction Activity Permit. I certify under penalty of law that the information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p><input type="checkbox"/> Signature from the Transferor cannot be obtained but the Transferor no longer has legal responsibility, through ownership or contract, for the construction activities at the site. The permit needs to be reassigned.</p>	
	_____	_____
	Transferee Signature	Date
_____	_____	
Name (print)	Title	

To be filled out by City staff

Does the Site Plan need to be reviewed? yes no

Is a Floodplain Development Permit needed? yes no

Approved: _____

Date: _____