

CSW transfer form
**NPDES Construction Stormwater (CSW)
Permit Program**
National Pollutant Discharge Elimination System (NPDES)

Doc Type: Subdivision Registration Form

Instructions: Use this form to transfer an existing permit to a new owner or contractor. Print a copy of the completed form for your records, or save the completed form to your computer in a location where you can easily find it.

Submittal: The person who certifies this form can email the completed form to csw.pca@state.mn.us using "Transfer Form" as the subject line. An auto-reply message will be sent upon the email being received. A manual confirmation email will be sent.

Questions: Email the program at csw.pca@state.mn.us or call the Stormwater Hotline at: 651-757-2119 or 800-657-3804 (non-metro only).

This form cannot be used to:

- Apply for general permit coverage
- Apply for a subdivision registration permit
- Make permit detail modifications

Project information (as listed on the original *Permit application form*)Project name: SAP 061-614-006Permit number: C000 7 1 3 1 5 **or** SUB00Project location description: Pope CSAH 14 from Jct. CSAH 1 to 1000 feet eastCurrent Owner contact name: Brian Giese Contact phone: 320-634-7745**Change in permittee information****A. Owner**Owner contact name: _____ Company/
Organization name: _____

Owner mailing address: _____

City: _____ State: _____ Zip code: _____

Email address: _____ Telephone: _____

B. Owner alternate

Owner contact name: _____

Email address: _____ Telephone: _____

C. ContractorContact name: _____ Company/
Organization name: _____

Contact mailing address: _____

City: _____ State: _____ Zip code: _____

Email address: _____ Telephone: _____

D. Contractor alternate

Contact name: _____

Email address: _____ Telephone: _____

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. I certify that based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of civil and criminal penalties.

By signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Current Owner authorized signature (required)

Name: Brian Giese

Company name: Pope County Highway Department

Signature: _____

Date (mm/dd/yyyy) _____

New Owner authorized signature (required if permit is transferring to a new owner)

Name: _____

Company name: _____

Signature: _____

Date (mm/dd/yyyy) _____

Current Contractor authorized representative

Name: _____

Company name: _____

Signature: _____

Date (mm/dd/yyyy): _____

New Contractor authorized representative (required if permit is transferring to a new contractor)

Name: _____

Company name: _____

Signature: _____

Date (mm/dd/yyyy): _____