



CITY OF DURANGO
 Stormwater Quality Permit
 Change of Contact and/or
 Designation of Duly Authorized
 Agent Form

City use Only:

Date Received Stamp

Effective: _____
 Year Month Day

**APPLICATION FOR TRANSFER OF OWNERSHIP FOR ALL PERMITS, CERTIFICATIONS AND
 AUTHORIZATIONS for STORMWATER QUALITY PERMITS**

Contact Information

City of Durango
 Department of Engineering
 949 East Second Avenue (mailing address)
 1235 Camino Del Rio (office location)
 Durango, CO 81301
 Web Page: <http://www.durangogov.org/stormwater/stormwaterquality.cfm>

Telephone: (970) 375-4810
 Email: boysengb@ci.durango.co.us

PART 1 – TO BE COMPLETED BY NEW PERMITTEE:

I hereby apply for a transfer of ownership of this City of Durango Stormwater Quality Permit/Certification/Authorization No. SQP - _____, which was issued to (permittee listed on page 2, Part 2) _____.

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

If all information is correct, form is complete, and transfer approved, I request this transfer to be effective on ** _____.

For the transfer to be approved all of the following requirements must be met:

- 1. BOTH parties complete and sign this form – pages 1 and 2
- 2. ORIGINAL form mailed or delivered to the City of Durango Department of Engineering
 For the Transfer to be effective on the date (**) indicated above (which may be the date the facility changes hands), this form must be mailed or delivered in 30 days prior to that date, otherwise, the transfer will be effective on the date it is issued by the City of Durango.

PROJECT OR FACILITY INFORMATION

Project or Facility Name: _____

Facility Address (location): _____

NEW PERMITTEE INFORMATION (fill out all appropriate contacts)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone No.: _____

• **Legal Contact:** will receive all future permit correspondences and is legally responsible for compliance with the permit

Name: _____ Title: _____

Email Address: _____ Telephone No.: _____

• **Local Contact:** will be contacted for questions relating to the facility and the discharge authorized by the permit for the facility.

Name: _____ Title: _____

Email Address: _____ Telephone No.: _____

• **Authorized Agent(s)**

