CITY OF GILLETTE
STORMWATER PERMIT
NOTICE OF TRANSFER OR ACCEPTANCE
(NOTA)

Original Permit Number:	Original Permittee:	Effective Date of Transfer* or Acceptance:

Current Permittee to select one of the following options:

1. ☐ PERMIT TRANSFER INFORMATION

New Permittee Information			
Name of New Permittee**:	Telephone Number:	Email Address:	
Mailing Address:	City:	State:	Zip:
SWPPP Administrator:	New/Modified SWPPP Received: ☐ Yes ☐ No (If checked No, original SWPPP is expected to be continually implemented)		

** Transfer of Permit responsibility and liability becomes effective on the date of the deed, date of building permit, or date on which new owner/Permittee begins soil disturbance activity, whichever comes first. ** The company, organization, or individual that is responsible for land disturbing activities and developing and maintaining the SWPPP.*

As New Permittee, I certify under penalty of law that I am familiar with the requirements of the City of Gillette Stormwater Permit and that I am hereby taking on these responsibilities.

_____ _____ _____
Printed Name Signature Date

As Previous Permittee, I hereby agree to the transfer of the permit referenced above and authorization of all responsibilities thereof.

_____ _____ _____
Printed Name Signature Date

2. ☐ ACCEPTANCE OF HOMEOWNER RESPONSIBILITY INFORMATION

New Homeowner Information			
Name:	Telephone Number:	Email Address:	
Mailing Address:	City:	State:	Zip:

This section acts as formal acknowledgement that the Permitted homebuilder's responsibilities of establishing final stabilization (at least 70% of original vegetative cover) on a single family residential lot is not yet obtained and that the homebuyer is taking on that responsibility under the terms of the City of Gillette Stormwater Ordinance (no longer than 12 months allowed to establish final stabilization/vegetative cover).

As Homeowner, I certify under penalty of law that I am familiar with the requirements of the City of Gillette final stabilization requirements for my lot and that I am hereby accepting these responsibilities.

_____ _____ _____
Printed Name Signature Date

As Previous Permittee, I acknowledge that, with exception to the final stabilization requirement transferred herein, all other terms of the Permit referenced above are met in order to hereby terminate my Permit.

_____ _____ _____
Printed Name Signature Date

Official Use Only	
Date Received:	Date of Final Inspection (for Homebuilder Permit Termination):
Approved: **YES** **NO** **Initials:** _____	