

Syracuse City Public Works 3061 S 2400 W Syracuse, UT 84075 Tel: 801-825-7235

Permit No.

STORM WATER ACTIVITY PERMIT APPLICATION AND AGREEMENT

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OFFI		SSUED ON THE START	DATE AND EXPIRES ON	THE COMPLETION DATE INDICATED	ON THIS APPLICATION.	
	ICIAL CITY USE ONLY					
	State License Number		-	Date		
	Contact Name			Signature of Applicant		
	expected from the BMP and	d technical basis	supporting perfor	mance claims.		
$\overline{}$	Contractors and/or develop	ers will submit do	ocumentation on h	now long term BMP's were	selected, pollutant removal	
8.	A Notice of Termination (N			-		
7.	Extensions for excess time	•	•	•	·	
	permit. The applicant is responsible for the performance and requirements of the work under this permit.					
6.	This permit is not transferable or assignable. Transfer of responsibility may occur only with the filing of another					
	be claimed to accrue by reason of any work performed under a permit issued pursuant to this application.					
			•	•	abilities which may accrue or	
•	applied for in a professional manner and in conformity with ordinances of Syracuse City and To hold harmless					
5.	In consideration for the granting of this Permit by the City, the applicant hereby guarantees: To perform the work					
	or a stop work order.					
	be in the form of a citation					
	requirements, the UPDES P				•	
4.	· · ·			Ordinance, failure to com	ply with the SWPPP	
General Permit, SWPPP, and Syracuse City ordinances.						
3.	Applicant shall maintain all storm water management control measures according to the UPDES Construction					
		operty corners or disturbance limits must be clearly marked before construction begins.				
_	A Notice of Intent (NOI) sha	all be filed with t	he State Departm	ent of Environmental Qua	lity (DEQ).	
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ЭП/				velopments one acre a		
	OTE: FURNISH MAP OR SKE ALL BE AVAILABLE ON THE					
NC						
	TAL LAND AREA DISTURB	ED (ACRES):	UPDES PE	RMIT NO: UTR	EXP	
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TO	B LOCATION(S): ART DATE:	COMPLETI	ON DATE:		Ε.	
STA WC TO	IAIL ADDRESS:			TELEPHONE NO):	
JOI STA WC				CITY	STZIP	
JOI STA WC	DRESS OF APPLICANT:			CONTACT NAME	o= =:5	