



Appendix A: Adams County Stormwater Quality Permit Application

(MS4 Permit Area Only)

Stormwater Management
Neighborhood Services
4430 S. Adams County Pkwy
1st Floor, Suite W2000B
Brighton, CO 80601
Phone: 720-523-6400
Fax: 720-523-6996
Email: SWQ@adcogov.org

New Application
 Renewal
 Reinstatement
 Transfer

Applicant Name and Contact Information:

Permittee:	Company Name:	Street Address:	
Phone:	Email:	City, State & Zip Code:	
SWMP Administrator:	Title /Position:	Phone:	Email:

Project Information:

Property Owner:	Company Name:	Phone:
Project Street Address:		Project City, State & Zip Code
Project Name:		Expected Dates of Construction:
Work Description:		Total Disturbance Acreage:

An Erosion & Sediment Control (ESC) Plan must be submitted and accepted in accordance with Adams County Standards & Regulations Section 9-06.

This permit does not relieve the applicant of the requirements of the CDPHE CDPS Stormwater Construction Permit, COR-030000.

By signing below, the applicant hereby applies for an Adams County Stormwater Quality Permit and certifies as follows:

1. To the best of my knowledge, the information provided herein is correct.
2. Compliance with all Adams County Standards & Regulations Section 9-02 through 9-09.
3. An ESC Plan for the disturbed area on this site was prepared and submitted in accordance with Adams County Regulations.

The Adams County SWQ Permit is issued with the agreement that it is the Permittee's responsibility per **CDPS Permit#COR-03** to :

1. Ensure that sediment and erosion control measures are installed prior to any land disturbing activities, maintained throughout construction and removed when final stabilization is met.
2. Allow Adams County representatives unrestricted access to the site to conduct Adams County SWQ inspections and to perform corrective actions in the event the Permittee fails to provide sufficient remedies to correct site deficiencies.
3. Submit requested documentation within the time specified.
4. Notify the SRC Unit when the site reaches final stabilization via email, swq@adcogov.org, within 3 business days to schedule a Closeout Inspection.

If submitting this application by email, type your name and the date in the fields below and check the "certify" box to certify all application information.

Applicant Signature:

Date:

Certify

Permit Approval
(for County use only)

Application Received: _____ ESC Plan Accepted Date: _____ Reviewed By: _____

Permit#: _____ Permit Expiration Date: _____ Permit Fee: _____ Surety Amount: _____