CITY OF DURANGO
Stormwater Quality Permit
CHANGE OF CONTACT
(and/or Designation of Duly Authorized Agent)

的有效期: _____ _____ _____
Year       Month      Day

Contact Information
City of Durango
Public Works Department
Engineering Division
949 E. 2nd Avenue (mailing address)
215 E. 12th Street (office location)
Durango, CO 81301
Web Page: https://www.durangogov.org/stormwater

This form must be submitted for the following actions.
1. A change has been made to the legally responsible contact (Owner) or local contact (Operator).
2. A representative of the Permittee is signing an attached document (or will be signing documents) in place of the legally responsible party.
3. Stormwater Quality Permit Number: SQP – ___ ___ ___
   (A separate form must be prepared for each Stormwater Quality Permit covered by these changes.)

All items must be completed accurately and, in their entirety, or the form will be deemed incomplete, and processing of the changes will not begin until all information is received. An original signature of the applicant is required, digital signature will be accepted.

1) CHANGE TO LEGAL (OWNER) CONTACT
   Receives all future correspondence and is legally responsible for compliance with the permit.

Legal Contact: __________________________________________

Company: ___________________________________________ Title: __________________________

Email Address: ___________________________________ Telephone No: ______________________

Mailing Address: __________________________________________________________________

City: ___________________________________ State: __________ Zip: __________________________

2) CHANGE TO LOCAL (OPERATOR) CONTACT
   Contacted for questions relating to the facility & discharge authorized by the permit for the facility.

Local Contact: __________________________________________

Company: ___________________________________________ Title: __________________________

Email Address: ___________________________________ Telephone No: ______________________

Mailing Address: __________________________________________________________________

City: ___________________________________ State: __________ Zip: __________________________
3) ASSIGNMENT OF AUTHORIZED AGENT(s)

Per City Code Chapter 27: All reports required by permits, and other information requested by the City shall be signed by a person described in section 10-10-16(c)(21) as the legal contact for the permit or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(i) The authorization is made in writing by a person described in section 10-10-16(c)(21) – legally responsible party.

(ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position may sign reports (such as a SWMP Inspection Reports) required by the permit.

Authorized Position: __________________________ Telephone No.: __________________________

Currently held by: __________________________ Email Address: __________________________

SWMP Inspection Reports are to be mailed to this individual. YES □ NO □

If NO, to whom shall SWMP Inspection Reports be sent (email is the City’s preferred method of sending SWMP Inspection Reports)

Contact: __________________________ Title: __________________________

Email Address: __________________________ Telephone No: __________________________

Mailing Address: _______________________________________________________________________________________

City: __________________________ State: ___________ Zip: ___________

REQUIRED CERTIFICATION SIGNATURE

The form must be signed by the Permit Owner/Legally Responsible party and the Operator/Local Contact to be considered complete. In all cases, it shall be signed as follows:

a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the application originates.

b) In the case of a partnership, by a general partner.

c) In the case of a sole proprietorship, by the proprietor.

d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

“I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.”

“I understand that I am a legally responsible party for all permit requirements associated with the permit certification referenced on page 1 of this document. This coverage is for the entirety of the construction site/project.”

Signature (Owner/Legally Responsible Party): __________________________ Date: __________________________

Name (printed): __________________________ Title: __________________________

Signature (Operator/Local Contact): __________________________ Date: __________________________

Name (printed): __________________________ Title: __________________________