



UPDES Permit Number: _____

(This Number must be obtained from the State on-line at <https://secure.utah.gov/stormwater/>)

APPLICANT CERTIFICATION:

I, _____, understand that the issuance of this permit commits me to follow all the requirements of West Haven City, Ordinance **03-2007**, and that I will be subject to any and all penalties associated with violations of this Permit and Ordinance. I understand that this Permit and associated SWPPP is required and will remain in effect until the entire project is stabilized, revegetated and complete. The site and BMP's will be inspected on a weekly basis to ensure compliance with this Permit and SWPPP. The Permittee is responsible for Permit and SWPPP compliance for the entire site and for the duration of the work and/or construction activity. The Permittee is responsible for the actions of the subcontractors, vendors, delivery personnel, and others who will be working on the site. The Permittee is responsible for any material that leaves the site, regardless of compliance with the SWPPP.

I hereby acknowledge that I have read the instructions and provisions of the Permit and applicable City Ordinances and agree to follow the terms and conditions of this Permit, the SWPPP, and applicable ordinance, rules and regulations. I certify that this document and all attachments were prepared under the direction or supervision of those who have placed their signature below and in accordance with a system designed to assure that the information submitted was properly gathered and evaluated by qualified personnel or consultants. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

A legally authorized representative of any applicant that is a corporation, partnership, limited liability company, trust or other legal or governmental entity must sign the application on behalf of and as authorized by the legal or governmental entity. Separate documentation shall be provided regarding such authorization.

Nothing contained in this Packet is intended to relieve any person or entity from any obligation to comply with applicable federal and state laws and regulations pertaining to clean water and/or storm water runoff.

Signature of Applicant or legally Authorized Representative

Date

Print Name and Title of Applicant or Legally Authorized Representative

For Official Use Only:

Associated Development or Building Permit #: _____

Date Received: _____

Date Reviewed: _____

Date Approved: _____

Date Denied: _____

IF approved, this Permit shall be conditioned upon full compliance with the SWPPP for the project, the West Haven City Storm Water Ordinance, and any terms and conditions of this permit. IF denied, the reasons for denial shall be set forth in writing and provided to the Applicant. This permit shall not be valid unless signed below by the Storm Water Official.

Storm Water Official Signature