Permit Coverage Number (VAR10####):

Construction Activity Name:

**Section I. Current Construction Activity Operator/Permittee Information.** Operator information as it appears on the current, active permit coverage.

| Construction Activity  Operator Name: |  |
| --- | --- |
| Contact Person: |  |
| Address: |  |
| City, State and Zip Code: |  |
| Phone Number: |  |
| Primary Email: |  |
| CC Email: |  |
| “I (We) hereby agree to the transfer of ownership modification to the referenced General VPDES Permit for Discharges of Stormwater from Construction Activities (VAR10).” | | |
| Printed Name: |  | |
| Signature: |  | |
| Date: |  | |

**Section II. New Construction Activity Operator/Permittee Information.** Permit coverage will be transferred to this person or entity.

| Construction Activity  Operator Name (NEW): |  |
| --- | --- |
| Contact Person: |  |
| Address: |  |
| City, State and Zip Code: |  |
| Phone Number: |  |
| Primary Email: |  |
| CC Email: |  |
| “I (We) hereby agree to the transfer of ownership modification to the referenced General VPDES Permit for Discharges of Stormwater from Construction Activities (VAR10).” | | |
| Printed Name: |  | |
| Signature: |  | |
| Date: |  | |

**Section III. New Construction Activity Operator/Permittee Billing Information.** This entity will receive Annual Permit Maintenance and Permit Modification Fee invoices (if applicable). Leave this section blank if same as the New Operator as identified in Section II. A. above.

| Billing Entity Name: |  |
| --- | --- |
| Contact Person: |  |
| Address: |  |
| City, State and Zip Code: |  |
| Phone Number: |  |
| Primary Email: |  |
| CC Email: |  |

May we transmit correspondence electronically? You must choose **YES** and include a valid email in order to pay by credit card and to receive your transfer approval letter via email: **YES**  **NO**

**Section IV. Instructions.**

A properly authorized individual as specified in the General VPDES Permit for Stormwater Discharges from Construction Activities (VAR10), Part III K (Signatory Requirements) must physically sign this Transfer of Ownership Agreement.

Please retain a copy of this agreement form for your records and include a copy in your Stormwater Pollution Prevention Plan (SWPPP).

Submit this form to the VSMP Authority. If the locality is the VSMP Authority, please submit your Transfer of Ownership Agreement directly to the locality; do NOT send this form to DEQ. A list of local VSMP Authorities is available here: [VSMP Authorities](https://www.deq.virginia.gov/Portals/0/DEQ/Water/StormwaterManagement/CGP%20Links/VSMP%20Authority%20List.xlsx?ver=2017-12-01-085039-713).

If DEQ is the VSMP Authority, please send to: If the locality is the VSMP Authority, please send to:

**Department of Environmental Quality The Local VSMP Authority** *(insert address below)*

**Office of Stormwater Management Suite 1400**

**PO Box 1105**

**Richmond VA 23218**

[**constructiongp@deq.virginia.gov**](mailto:constructiongp@deq.virginia.gov)