



Construction Stormwater Discharge (CSD) Permit Transfer / Subordinate Application

Public Works
405-671-2874
4500 N.E. 4th Street
Del City OK 73117
Fax: 405-671-2887

Community Services
405-670-7314
3701 S.E. 15th Street
Del City OK 73115
Fax: 405-670-7368

www.cityofdelcity.com

APPLICANT INFORMATION

Applicant Name: _____
Applicant Address: _____
City: _____ State: _____ Zip: _____
Applicant Contact Phone: No. _____ Cell: _____ Fax: _____
Applicant E-mail Address: _____
Property Owner Name: _____ Address: _____

PROJECT INFORMATION

_____ Transfer _____ Subordinate
Project Name: _____ Address: _____
Permit No. _____ Previous Applicant: _____

CONTRACTOR INFORMATION

General Contractor Name: _____
Gen. Contractor Address: _____
City: _____ State: _____ Zip: _____
Responsible Party: _____
Phone: _____ Cell: _____ Fax: _____
24-hr Emergency Contact: _____ Cell: _____
Construction Start Date: _____ Construction End Date: _____

CHANGES TO APPROVED PROPOSED BEST MANAGEMENT PRACTICES

Structural

CHANGES TO APPROVED PROPOSED BEST MANAGEMENT PRACTICES

Non-Structural

Applicant Certifications

I certify under the penalty of law that I have personally examined and I am familiar with the information submitted in the attached document; and based on my information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of a fine and/ or civil penalty. _____ (initial)

I understand that I am required to conduct inspections of this property in accordance with the requirements of the CSD Permit and associated regulations and maintain a log of all inspection and maintenance activities. _____ (initial)

I certify that I have read and understand the regulations to stormwater quality found in Chapter 16 of the Del City Code of Ordinances and understand the consequences of noncompliance. _____ (initial)

I certify that the proposed discharge has been designed to cause no adverse impact to any property and that I accept sole responsibility for any current or future adverse impacts caused to this or any other property. _____ (initial)

I hereby submit this application for a Construction Stormwater Discharge Permit.

APPLICANT SIGNATURE

DATE

Property Owner Certifications

I certify under the penalty of law that I have personally examined and I am familiar with the information submitted in the attached document; and based on my information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of a fine and/ or civil penalty. _____ (initial)

I certify that I have read and understand the regulations to stormwater quality found in Chapter 16 of the Del City Code of Ordinances and understand the consequences of noncompliance. _____ (initial)

I certify that the proposed discharge has been designed to cause no adverse impact to any property and that I accept sole responsibility for any current or future adverse impacts caused to this or any other property. _____ (initial)

I certify that the applicant has my authorization to submit the Construction Stormwater Discharge permit application. I certify that I understand that as the Property Owner, I am ultimately responsible for anything that is done to the property. _____ (initial)

PROPERTY OWNER SIGNATURE

DATE