



CITY OF CASTLE PINES • 360 VILLAGE SQUARE LANE, SUITE B • CASTLE PINES, CO 80108

**CITY OF CASTLE PINES
NOTICE OF TRANSFER AND ACCEPTANCE OF TERMS OF
GRADING, EROSION, AND SEDIMENT CONTROL (GESC) PERMIT**

TO BE COMPLETED BY THE NEW PERMITTEE (CHECK WHICH ONE APPLIES):

I hereby accept transfer of the GESC Permit No. _____,
Issued to _____.

I hereby accept a partial transfer of GESC Permit No. _____,
for the area shown in the attached exhibit which was issued to _____.

I have reviewed the terms and conditions of this permit and the GESC documents and accept full responsibility, coverage, and liability including, but not limited to, control measures installation, maintenance and effectiveness, and final stabilization (typically a minimum of 70% of pre-disturbance vegetative cover or providing an acceptable non-erosive surface). This transfer will be effective on: ____/____/____.

SITE INFORMATION:

Project Address	
City, State and Zip Code	
Name of facility or development	
New Permittee Owner or Company Name	
Mailing Address, City, State, Zip	
Phone Number and Email	
CDPS Certification No. (if applicable)	
Local Contact (familiar with facility)	
Title	
Phone Number and Email	

The Permit Transfer is granted with the explicit understanding that it is the Permittees' responsibility to:

1. Allow Castle Pines access to the site to conduct regular MS4 Compliance Stormwater Inspections;
2. Comply with all requirements of the permit;
3. Immediately cease land-disturbing activities upon receipt of a written Stop Work Order from an authorized representative of Castle Pines. A Stop Work Order may be issued, and this Permit revoked if the Permittees are not in compliance with the GESC, or if the Permittees fail to take corrective action within the time specified on the written notification of such non-compliance;
4. Understand that in addition to other remedies, a violation of this GESC Permit shall constitute a violation of the City of Castle Pines Municipal Code; and
5. Understand any approval obtained from the City of Castle Pines does not obviate your need to comply with the requirements of the State of Colorado Department of Public Health and Environment, Colorado Discharge Permit System, General Permit, and Sections 7 and 9 of the Endangered Species Act of 1973, 16 U.S.C. 1531, et seq., as amended, or with any other applicable federal, state, and local laws, or regulations.



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NEW PERMITTEE TO COMPLETE:

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.

Signature of Permit Applicant (Property Owner or Contractor)	Date Signed:
Name: (printed)	Title:

TO BE COMPLETED BY THE PREVIOUS PERMITTEE (CHECK WHICH ONE APPLIES):

- As previous permittee, I hereby agree to the transfer of the above referenced permit and certification and all responsibilities thereof.
- As previous permittee, I hereby agree to the partial transfer of the area shown in the attached exhibit of the above referenced permit and certification and all responsibilities thereof.

Name:	
Mailing Address, City, State, Zip	
City, State and Zip Code:	
Phone Number and Email	
Signature of Permit Holder (Previous Permittee)	
Name (printed)	
Title	
Date Signed	

City MS4 Reviewer approval (signature) _____ Date: _____
(NOTE: Permit transfer not valid without City staff or representative signature)