|  |  |  |
| --- | --- | --- |
|  | **CONSTRUCTION STORMWATER RESIDENTIAL DEVELOPMENT REGISTRATION**  Construction Stormwater General Permit (INRA00000) | For questions regarding this form, contact:  IDEM, Stormwater Program  100 North Senate Avenue, Room 1255  Indianapolis, IN 46204-2251  Phone: (317) 233-8488 or  (800) 451-6027, ext. 38388 (within Indiana)  Program email: Stormwat@idem.IN.gov  Web Access:  <http://www.in.gov/idem> (Search for Stormwater) |
| State Form 53049 (3-22) |
| INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT |
| * **IDEM Construction General Permit:** The permit may be accessed at: <https://www.in.gov/idem/stormwater/construction-land-disturbance-permitting/> | |
|

|  |
| --- |
| The purpose of this form is to establish responsibility for an individual lot operator to comply with specific requirements within and under Section 3.8 of the Construction Stormwater General Permit (CSGP). The use of this form only applies to residential developments where an individual lot operator has purchased one or more lots within an active permitted development that has permit coverage under the CSGP. Completion of this form allows the individual lot operator to conduct land-disturbing / construction activities within the permitted project site without submitting a Notice of Intent to obtain permit coverage for an individual lot(s). |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section A: Project Site Information (Permitted / Parent Project) | | | | | |
| Project Name (*As it appears on the Notice of Intent, including applicable phases, sections, etcetera)*: | | | | | |
| Authorization Number *(six digit)*: INR | | | County: | | |
| **Project Site Owner or Representative** *(Complete the information below for the permittee for the overall (parent) project)* | | | | | |
| Business / Company Name: | | | | | |
| Last Name (*Individual*): | | First Name: | | | |
| Mailing Address: | | | | | |
| City: | | | | State: | ZIP Code: |
| Business Telephone: | Business Cellular Telephone: | | | Email: | |
| **Certification:**  I certify, to the best of my knowledge that the information above represents the project that currently has permit coverage. I understand that completion of this form:   * Establishes responsibility for the activities on individual building lots to the individual lot operator listed in Section B. * Does not transfer ownership and responsibilities for the overall permitted project. * Does not constitute termination of the overall project.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Typed / Printed Name: | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section B: Activities Associated with an Individual Lot(s) within a Permitted Project Site | | | | |
| List the lot Numbers by Section / Phase: | | | | |
| **Individual Lot Operator** | | | | |
| Business / Company Name: | | | | |
| Last Name (*Individual*): | | First Name: | | |
| Mailing Address: | | | | |
| City: | | | State: | ZIP Code: |
| Business Telephone: | Business Cellular Telephone: | | Email: | |
| **Lot Operator Certification**:  I certify, to the best of my knowledge that the information above represents the project that currently has permit coverage. I understand that:   * The completed Form must be kept as part of onsite records and available upon ***request (Do not submit this form to IDEM unless requested).*** * I have developed a SWP3 that is appropriate to minimize the discharge of sediment and other pollutants from the building lot(s) for which I am conducting land-disturbing / construction activities. * Activities on the building lots(s) must comply with the CSGP Section 3.8 ([final\_gen\_permit\_inra00000\_construction.pdf](https://www.in.gov/idem/stormwater/files/final_gen_permit_inra00000_construction.pdf)) * Failure to comply with the requirements of the CSGP may result in a compliance action, including, but not limited to filing a Notice of intent to obtain permit coverage under the CSGP and/or formal enforcement action.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Typed / Printed Name: | | | | |