AURORA WATER

CITY OF AURORA

APPLICATION TO CLOSE-OUT PERMIT

STORMWATER QUALITY DISCHARGE PERMIT FOR CONSTRUCTION ACTIVITIES

COMPLETE ALL SECTIONS OF THE APPLICATION, PRINT OR TYPE ALL INFORMATION

PERMITTEE IS: ☐ OWNER/DEVELOPER ☐ CONTRACTOR COA Permit # _____

1. Name and Contact Information for Permittee:

   Company Name: _____

   Street Address: _____

   City, State and Zip Code: _____

   Legally Responsible Person: _____

   E-Mail Address: _____ Phone: _____

   SWMP Administrator: _____ Title/Position: _____

   SWMP Administrator Phone: _____

   SWMP Administrator E-Mail: _____

2. Construction Activity Information:

   Street Address or Nearest Cross Streets: _____

   Name of Project, Development or Activity: _____

   Is this activity part of a larger common plan of development: ☐ Yes ☐ No

   Is this activity being performed on a Parks & Open Space Department owned or managed property: ☐ Yes ☐ No

   COA Approved drawing number: _____

3. Anticipated date of implementation of final landscaping/site revegetation: _____

I ATTEST THAT ALL CONSTRUCTION ACTIVITIES HAVE BEEN COMPLETED, 100% OF THE PROJECT HAS BEEN COVERED WITH STRUCTURES, PAVED SECTIONS, HARD ARMOR AND/OR LANDSCAPING AND THAT TEMPORARY BMPS INSTALLED DURING CONSTRUCTION HAVE BEEN REMOVED*. I AM REQUESTING A FINAL CLOSE-OUT INSPECTION FROM THE CITY AND UNDERSTAND THAT MY PERMIT WILL NOT BE FULLY CLOSED UNTIL VEGETATIVE COVER HAS BEEN ESTABLISHED AND ACCEPTED BY A COA INSPECTOR.

_____ _____

Signature of Legally Responsible Agent for **Permittee** Date Signed

_____ _____

Printed Name Title

*IT MAY BE APPROPRIATE TO LEAVE SOME TEMPORARY BMPS INSTALLED UNTIL VEGETATIVE COVER HAS BEEN ESTABLISHED, AT WHICH TIME ALL TEMPORARY FEATURES WILL NEED TO BE REMOVED.

This application is subject to review and verification of all submitted information and subsequent approval by the City of Aurora.