

CITY OF LONGMONT | Stormwater Quality Program

SCAP Application Form

1. Project Information

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Project Name			Subdivision Name						
Permit Request		New SCAP		Renewal		Modificatio	n 🗆	Update Contact Information	
Permit Type		Full Site Cons	tructio	n		Grading		Stockpiling	
				C	DPHE Permit	Number			
Applicant Inform	atio	n (permittee)							
Company Name									
Applicant Name							Phone 1 _		
Email Address*									
Billing Address									
City							State	Zip Code	
*Until the permit is is	ssued,	this will be the p	orimary	email used for a	all corre	spondence reg	arding this S	CAP.	
24-Hour Contact	Info	rmation							
Company Name									
24-Hour Contact N	ame						Phone 1 _		
Email Address							Phone 2 _		
Billing Address		-							
City							State	Zip Code	
Contractor Inforr	natio	on							
Company Name									
	t Nan						Phone 1		
Email Address									
City							State	Zip Code	
	Permit Request Permit Type SCAP Number (if as Total Disturbed Are Applicant Inform Company Name Applicant Name Email Address* Billing Address City *Until the permit is is 15 24-Hour Contact Company Name 24-Hour Contact N Email Address Billing Address City Contractor Inform Company Name Contractor Contact Email Address Billing Address Billing Address	Permit Request Permit Type SCAP Number (if assigned Total Disturbed Area (and Applicant Information Company Name Applicant Name Email Address* Billing Address City *Until the permit is issued, 24-Hour Contact Information Company Name 24-Hour Contact Name Email Address Billing Address City Contractor Information Company Name Contractor Contact Name Email Address Billing Address Billing Address Billing Address Billing Address Billing Address	Permit Request	Permit Request	Permit Request	Permit Request	Permit Request	Permit Request	

5.	Property Owner Information								
	Company Name								
	Owner Contact Name	Phone 1							
	Email Address	Phone 2							
	Billing Address								
	City	State Zip Code							
6.	and the state of t								
	By signing this form, I (permittee), certify and acknowledge that I have read and fully u Stormwater Construction Activity Permit.	nderstand the terms and conditions of the							
	Applicant Signature	Date							
	Printed Name	Title							
	The signatory on this application form must be the Applicant listed above. Please refer to the approved Stormwater Construction Activity Permit drawings for development-specific requirements. To submit the SCAP application or if you have any questions contact the Stormwater Quality Program. Digital submittals are accepted and preferred. Submit signed PDF to:								
	SWQProgram@LongmontColorado.gov								
	Alternatively, the signed form may be sent to:								
	City of Longmont Stormwater Quality Program RE: Stormwater Construction Activity Permit Application 1100 S. Sherman St. Longmont CO 80501								