



CITY OF LONGMONT | Stormwater Quality Program

# PSCM Permit Application Form

## 1. PROJECT INFORMATION

Project/Development Name: \_\_\_\_\_

- New Permanent Stormwater Control Measure (PSCM) Permit
- Modification / Transfer: Existing Permit Number PSCM - \_\_\_\_\_
- Renewal: Existing Permit Number PSCM - \_\_\_\_\_

## 2. CONTACT INFORMATION

*Please provide contact information for the following categories. There are up to two contacts for Permanent Stormwater Control Measure (PSCM) permits. Most PSCMs are owned by an organization or entity, however it is important that a person be listed as a contact for the organization or entity.*

### Permittee/Owner

*The person representing the entity that owns the PSCM. This person should be authorized to sign and certify official PSCM reports and applications on behalf of the entity who is legally responsible for the PSCM and for compliance with the permit. For businesses or other organizations, this should be a legal representative of the entity, for HOAs it should be the HOA President or a current member of the HOA board.*

Entity/Organization: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Authorized Agent

*An additional contact for the PSCM that is authorized to sign and certify reports and/or inspections as required by the permit as well as receive city communication or inspection reports for PSCMs. This could be management companies, maintenance companies or other individuals that should be included for PSCM permits.*

Entity/Organization: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. PSCM FACILITY INFORMATION**

Number of PSCM(s) covered under this permit: \_\_\_\_\_

**Facility #    Facility Type/Name**

**Facility 1:** \_\_\_\_\_

**Facility 2:** \_\_\_\_\_

**Facility 3:** \_\_\_\_\_

**Facility 4:** \_\_\_\_\_

**Facility 5:** \_\_\_\_\_

**Facility 6:** \_\_\_\_\_

**Facility 7:** \_\_\_\_\_

**Facility 8:** \_\_\_\_\_

**Facility 9:** \_\_\_\_\_

**Facility 10:** \_\_\_\_\_

**4. CERTIFICATION OF RESPONSIBILITIES**

*I hereby certify that the above information is complete and accurate. I understand that this is not a permit, but only an application for a permit and that the above-listed permanent stormwater control measures are not permitted for use without an approved permit. I understand that once the permit is issued I will be responsible for the operation and maintenance of the facilities listed above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

All project activity must adhere to the City Of Longmont’s Municipal Code. The City of Longmont’s Stormwater Quality Chapter can be viewed [online](#). Non-compliance may result in enforcement.

Additional information and resources associated with PSCMs and the PSCM Permit can be found on the [City of Longmont website](#).

To submit the PSCM 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](mailto:SWQProgram@LongmontColorado.gov)

Alternatively, the signed form may be sent to:

City of Longmont  
Stormwater Quality Program  
RE: PSCM Permit – Application  
1100 S. Sherman St.  
Longmont CO 80501