



# PSCM Permit Change of Contact Form

## 1. PROJECT INFORMATION

Property/Development Name: \_\_\_\_\_

PSCM Permit Number: PSCM - \_\_\_\_\_ (enter number)

Permittee Organization Name: \_\_\_\_\_

The Permittee Organization is the **legally responsible organization** entity, individual, or organization who owns the Permanent Stormwater Control Measure(s) (PSCM). Changing the Permittee Organization Name requires a modification of the permit and/or certification documents.

## 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.*

### New Permittee/Owner Contact

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.

Contact Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Entity/Organization: \_\_\_\_\_ 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. CERTIFICATION OF CONTACT CHANGE**

*"I certify that this document and all attachments were prepared under my direction or supervision in accordance with the PSCM Permit to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the PSCM, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. "*

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

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

To submit the change of contact form 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 – Change of Contact Form  
1100 S. Sherman St.  
Longmont CO 80501