

This form is for subdivisions of a permitted site with an existing SWPPP. Each new owner must complete this form.
 An *Application for General Storm-water Permit for Construction Activity* must be used to obtain a new permit.
 Use an *Application for Permit Transfer/Modification* to transfer the permit for an entire site from one party to one other party.



National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS)
General Storm-water Permit for Construction Activity (MN R100001)

Subdivision Registration

Minnesota Pollution Control Agency
 REM Division, Construction Storm-water Permit Program
 520 Lafayette Road North, St. Paul, MN 55155-4194

Refer to the NPDES/SDS General Storm-water Permit for Construction Activity (MN R100001) and the original owner's coverage notification letter as you complete this form.
 Call the MPCA Customer Assistance Center at 651-297-2274 or 800-646-6247 (in Minn.) for assistance.

Subdivision Registration Prerequisites

1. Do you have a copy of the site's original Storm-water Pollution Prevention Plan (SWPPP)? Yes No
2. Which SWPPP will you be using to meet the permit requirements for this site?
 - a. The site's original SWPPP
 - b. A SWPPP I have developed according to the requirements under the permit
3. Do you have a copy of Minnesota's NPDES/SDS General Storm-water Permit for Construction Activity? Yes No

STOP A SWPPP must be developed prior to submitting this form. Subdivisions may either use the SWPPP developed by the original owner or develop and implement their own SWPPP. Subdivisions registrants must also have a copy of the permit. Complete the above requirements before submitting this registration. **Continue** if you responded **yes** to questions 1, 2. a or 2. b AND question 3 above.

Construction Activity Information

4. Storm-water Permit Identification Number *See Notice of Storm-water Permit Coverage or coverage notification letter* MN R100001-C0

5. Project Name (As listed on the existing permit)

6. New Project Name (if applicable)

7. Subdivision Location

Site Address *Actual location*

Indicate general location description if no address is available. Do not use a P.O. Box.

City or Township _____ State MN Zip Code _____

8. County Parcel ID # _____
 Attach list if necessary

9. Project Map Is the required 8 1/2 x 11" United States Geological Survey (USGS) 7.5 minute quad or equivalent map indicating the location of property covered under this permit and under your ownership attached? Yes

Responsible Parties

10. New Owner

Business or Firm Name			Federal Tax ID	State Tax ID	
Last Name	First Name	Title	E-mail	Telephone (include area code)	
Mailing Address			City	State	Zip Code
Alternate Contact Last Name	First Name	E-mail		Telephone (include area code)	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or the persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I also certify under penalty of law that I have read, understood, and accepted all terms and conditions of the NPDES/SDS General Storm-water Permit Construction Activity (MN R100001) that authorizes storm-water discharges associated with the construction site identified on this form.

Authorized Signature _____ Date _____

The Subdivision Registration form must be signed by:

- **Corporation:** a principal executive officer of at least the level of vice-president or the duly authorized representative or agent of the executive officer if the representative or agent is responsible for the overall operation of the facility that is the subject of the permit application.
- **Partnership or Sole Proprietorship:** a general partner or the proprietor.
- **Municipality, State, Federal or Other Public Agency:** principal executive officer or ranking elected official.

11. New Contractor

Business or Firm Name			Federal Tax ID	State Tax ID	
Last Name	First Name	Title	E-mail	Telephone (include area code)	
Mailing Address			City	State	Zip Code
Alternate Contact Last Name	First Name	E-mail		Telephone (include area code)	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or the persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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