

GRADING, EROSION CONTROL & STORMWATER PERMIT TRANSFER FORM

Purpose: Transfer your Grading, Erosion & Sediment Control Permit.

Questions: If you have questions about the administrative details of the permit process, please call: 651-792-7004

Form will be invalid and returned to sender unless the checkbox associated with the applicable actions is checked and the corresponding signature is provided in A-1, A-2, A-3, and/or A-4.

Submittals: You may either e-mail a signed and scanned PDF copy to publicworks@cityofroseville.com, or you may mail a hard copy to:

City of Roseville Attention: Engineering Department 2660 Civic Center Drive Roseville, MN 55113

a. Current Permit ID:			
b. Project Name:			
c. Project Location:			
	truction activity occurs. Include a		
New Owner/Contractor	Information		
"New" Owner			
Company:			
		Telephone:	
E-mail Address:	Mailing Address:		
Alternate contact:			
Last name:	First name:	Title:	
E-mail address:		Telephone: ()	
"New" Contractor			
Company:			
		Telephone:	
E-mail Address:	Mailing Address:		
Alternate contact:			
Last name:	First name:	Title:	
F-mail address:		Telephone: ()	

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 City of Roseville Grading, Erosion & Sediment Control Permit.



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Current Contractor Authorized Representative (A-2) Current Owner Authorized Representative (A-1) By signing here, I certify the above statements to be true. By signing here, I certify the above statements to be true. Company:____ Company: Signature: Signature: Date (mm/dd/yyyy):

Date (mm/dd/yyyy): **New Owner Authorized Representative (A-3) New Contractor Authorized Representative (A-4)** By signing here, I certify the above statements to be true. By signing here, I certify the above statements to be true. Name: Name: Company: _____Company:____ Signature: Signature: Signature: Date (mm/dd/yyyy):_______Date (mm/dd/yyyy):_____ **Escrow Deposit** The escrow deposited to the City of Roseville will only be returned when the permit is closed. It will be returned to the original depositor of the escrow unless the section below is completed by both parties. "Current" Escrow Holder Name Company:____ E-mail Address:______Telephone: (_____) Mailing Address: _____ City: ____ State: ___ Zip code: Signature: "New" Escrow Holder E-mail Address:______Telephone: (_____) Mailing Address: City: State: Zip code:

The current escrow holder agrees that any unused escrow amount will be returned to the new escrow holder upon completion of the permit.