



**CITY OF ARVADA**  
**Utilities Department**  
**8101 Ralston Rd**  
**Arvada, CO 80002**

**SITE DEVELOPMENT PERMIT NUMBER**

SD- \_\_\_\_\_ Transfer Date: \_\_\_\_\_

**Inspections: 720-898-7807**

**Information: 720-898-7800**

**Fax: 720-898-7603**

I hereby apply for a transfer of ownership of the City of Arvada Site Development Permit Number \_\_\_\_\_, which was issued to \_\_\_\_\_ (permittee).

I have reviewed the terms and conditions of this permit and accept responsibilities, coverage and liability (including Stormwater Management Plan where applicable).

If all information is correct, form is complete and transfer is approved, I request that this transfer be effective on \_\_\_\_\_ (date).

**PROJECT OR FACILITY INFORMATION**

Project or Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Arvada, CO \_\_\_\_\_ (Zip)

**NEW PERMITTEE INFORMATION (fill out all appropriate contacts)**

Owner Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Project Manager Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ 24-Hour Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

I certify that I have examined and am familiar with the information submitted herein and, based upon my inquiry of those individuals immediately responsible for obtaining the information; I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Owner / Developer \_\_\_\_\_

Company \_\_\_\_\_

Signature of Legally Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

**Escrow** Acres Disturbed: \_\_\_\_\_  
 Escrow Received: \$ \_\_\_\_\_ Cash / Letter of Credit  
 (\$2,000 plus \$200 per acre) (circle one)

**Permit Transfer Approved:**

\_\_\_\_\_  
 City Official Name

\_\_\_\_\_  
 Date

Special Conditions: \_\_\_\_\_

**Date of Warranty Inspection** \_\_\_\_\_ **By:** \_\_\_\_\_ **Date Permit Terminated** \_\_\_\_\_ **By:** \_\_\_\_\_