



# Connecticut Department of Energy & Environmental Protection

Bureau of Materials Management & Compliance Assurance  
Water Permitting & Enforcement Division

## General Permit Registration for the Discharge of Stormwater Associated with Commercial Activity

Please complete this form in accordance with the [general permit](#) (DEEP-WPED-GP-004) in order to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

<b>CPPU USE ONLY</b>	
App #:	_____
Doc #:	_____
Check #:	_____
<b>Program: Stormwater Permits</b>	

### Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> general permit registration</p> <p><input type="checkbox"/> A <i>new</i> general permit registration <b>(of an expired permit)</b></p> <p><input type="checkbox"/> A <i>renewal</i> of an existing general permit registration</p>	<p>For renewals or new registrations of expired permits:</p> <p>Existing or previous permit number: _____</p> <p>Expiration Date: _____</p>
<p>Site Name: _____</p> <p>Site Address: _____</p> <p>Brief Description of Site:</p>	

### Part II: Fee Information

<p>A fee of \$300.00 is to be submitted with <i>each</i> registration that you are submitting. Each Commercial Activity requires a separate registration. The fee for municipalities is 50% of the above listed rate. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p>
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### Part III: Registrant Information

- If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov))
- If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at [DEEP.OPPD@ct.gov](mailto:DEEP.OPPD@ct.gov) . For any other changes, contact the specific program from which you hold a current DEEP license.

1. Registrant Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.:		
Contact Person:	Phone:	ext.	
*E-mail:			
<p>*By providing e-mail contact addresses you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.</p>			
a) Registrant Type (check one):			
<input type="checkbox"/> individual	<input type="checkbox"/> federal agency	<input type="checkbox"/> state agency	<input type="checkbox"/> municipality <input type="checkbox"/> tribal
<input type="checkbox"/> *business entity (*If a business entity complete i through iii):			
i) check type: <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership			
<input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____			
ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database ( <a href="http://onlineBusinessSearch.ct.gov">onlineBusinessSearch (ct.gov)</a> ).			
iii) <input type="checkbox"/> Check here if your business is <b>NOT</b> registered with the Secretary of State's office.			
<input type="checkbox"/> Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.			
b) Registrant's interest in property at which the proposed activity is to be located:			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	<input type="checkbox"/> easement holder <input type="checkbox"/> operator
<input type="checkbox"/> other (specify): _____			

**Part III: Registrant Information (continued)**

**2. Billing contact, if different than the registrant.**

Same as registrant

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**3. List primary contact for departmental correspondence and inquiries, if different than the registrant.**

Same as registrant

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

Association (e.g. developer, general or site contractor, etc.):

\*E-mail:

**4. List onsite contact if registrant is out of state.**

Not applicable       Same as registrant

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

Association (e.g. developer, general or site contractor, etc.):

\*E-mail:

**5. List property or landowner, if different from registrant or primary contact:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

E-mail:

**6. Name and address of lessee:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

E-mail:

**7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration and Stormwater Management Plan.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

E-mail:

Service Provided:

Please check the box if additional sheets are necessary, and label and include them in Attachment B.

## Part IV: Activity Information

<p>1. Four Digit Standard Industrial Classification (SIC) Code for Commercial Activities. See Appendix A of the <i>General Permit for the Discharge of Stormwater Associated with Commercial Activity</i>.</p> <p>Primary first:                      Secondary #s, if applicable: and Primary SIC description:</p> <p>2. Where does stormwater discharge to:</p> <p><input type="checkbox"/> Municipal Separate Storm System?      <input type="checkbox"/> No      <input type="checkbox"/> Yes (Name): <input type="checkbox"/> Surface water body or wetlands?      <input type="checkbox"/> No      <input type="checkbox"/> Yes (Name):</p> <p>3. Is discharge located less than 500 feet from a tidal wetland, which is not a fresh-tidal wetland? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>4. Name of the watershed where the site is located <i>OR</i> nearest waterbody to which it discharges:</p> <p>5. Have any stormwater quality analytical data been previously collected?      <input type="checkbox"/> Yes      <input type="checkbox"/> No If yes, maintain a summary of such data from past five (5) years on site.</p> <p>6. Has this site been previously registered by a different permittee?      <input type="checkbox"/> Yes      <input type="checkbox"/> No If yes, name of previous permittee and permit number:</p> <p>6. Number, type, material and size of conveyances, outfalls, or channelized flows that run off the site (e.g. 15" concrete pipe):</p>
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## Part V: Supporting Documents

Please check the attachments being submitted as verification that these attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) And be sure to include the registrant's name as indicated in Part III.

<p><input type="checkbox"/> Attachment A:      An 8 1/2" x 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the site and the area within a one mile radius of the site and location of <i>all</i> conveyances, outfalls or channelized flows on the site.</p> <p><input type="checkbox"/> Attachment B:      Additional registration information.</p>
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## Part VI: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>"I certify under penalty of law that I have read and understand all conditions of the <i>General Permit for the Discharge of Stormwater Associated with Commercial Activity</i> issued on September 29, 2023, and that all conditions for eligibility for authorization under this general permit are met. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that the information submitted has been properly gathered and evaluated. The Stormwater Management Plan has been prepared and implemented in accordance with the requirements of this general permit. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained in this registration is, to the best of my knowledge and belief, true, accurate and complete.</p> <p>I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."</p>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Name of Registrant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit this completed Registration Form, Fee, USGS Quadrangle Map and all attachments to:

CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

If discharging to municipal separate storm sewer, send a copy of this completed registration form to the owner or operator of that system.

If discharging to a public drinking water supply watershed or aquifer area, send a copy of this completed registration form to the appropriate Water Company.