



New Jersey Department of Environmental Protection

Tier A MS4 Permit and Grant Application Form

1. Permittee Information

Name of Permittee: _____ County: _____

Mailing Address: _____

City or Town: _____ State: _____ Zip Code: _____

NJPDES #: _____ PI #: _____

Name and Title of Stormwater Program Coordinator:

Mailing Address (if different from above): _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____ E-Mail: _____

2. Certification

I certify under penalty of law that this document was prepared under my direction and 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 the system, 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.

I certify that I am aware that the permit requires that the municipality develop, implement, and enforce a stormwater program. I acknowledge that this stormwater program must include the implementation of best management practices, measurable goals and implementation schedules that are listed in the permit.

I certify that the municipality will use the funding from this grant provided by the Department to comply with the requirements of the Tier A MS4 Permit as outlined in the Notice of Funding Availability.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

Signature of Permittee _____ Date _____

Print or Type Name _____

Print or Type Title _____

INSTRUCTIONS FOR COMPLETING FORM

1. Municipal Information

- Provide the name, as it is legally referred to, of the applicant/permittee (i.e. Municipality).
- Provide the mailing address, telephone number, FAX, and E-mail address for the applicant/permittee.
- Provide the permittee's NJPDES # and PI #, (not the general permit number).
- Provide the name and title of the Stormwater Program Coordinator. The Stormwater Program Coordinator is the person who will submit any reports or certifications required by this permit and to whom the Department shall send all correspondence concerning the permit.
- Provide the mailing address, telephone number, FAX, and E-mail address of the Stormwater Program Coordinator, if different from above.

2. Certification

- Please read the certification language and sign the application. The signature must be an original signature and can be signed electronically.

Who may sign this form?

A Responsible Official is defined, for a government agency, in N.J.A.C. 7:14A-4.9 as follows:

- A ranking elected official; or
- A chief executive officer of the agency; or
- A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator); or
- A duly authorized representative established consistent with N.J.A.C. 7:14A-4.9(b).

Should you have any questions, please contact the Bureau of NJPDES Stormwater Permitting and Water Quality Management at stormwatermanager@dep.nj.gov. Please read all instructions and answer all questions when filling out the form.

Please complete this form in its entirety. The signed form can be emailed to stormwatermanager@dep.nj.gov, alternatively, mailed to:

Mail Code: 501-02A
Bureau of NJPDES Stormwater Permitting and Water Quality Management
Division of Watershed Protection and Restoration
P.O. Box 420
Trenton, New Jersey 08625-0420