



Notice of Termination Form

Construction Stormwater General Permit

Use to request termination of permit. Use dark ink if completing by hand.

I. Operator/Permittee		Permit # <u>WAR 309584</u>	
Name: William "Duke" Fisher		Company: Chad Fisher Construction, LLC	
Mailing Address: 15900 Preston Place			
City: Burlington		State: WA	Zip: 98233
Phone: 360-757-0580	Ext.	Alt. Phone: 360-707-1809	Email: Dukef@cfisherconstruction.cc
II. Site Location/Address			
Site name: Island Grown Farmers CoOp			
Street address (or location description): 11719 Westar Lane			
City (or nearest city): Burlington		County: Skagit	Zip: 98233
III. Construction Activity The site is eligible for termination by one of the following methods:			
<input type="checkbox"/> Construction was never started.			
<input checked="" type="checkbox"/> The entire site has undergone final stabilization and all temporary BMPs are removed. (<i>Permit Condition S10.A.1. See instructions for definition.</i>)			
<input type="checkbox"/> Permit coverage on all portions of site that have not undergone final stabilization are being, or have been, transferred (<i>Permit Condition G9</i>), and Permittee no longer has operational control of the construction activity. We provided the new owner Transfer of Coverage form on (date): Please provide new owner contact info:			
<input type="checkbox"/> All portions of the site that have not undergone final stabilization have been sold and the Permittee no longer has operational control of the construction activity. We will not be submitting Transfer of Coverage paperwork. (Optional) Please provide new owner contact info:			
IV. Certification of Signature Please read the certification statement carefully before signing.			
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 gathered and evaluated the information submitted. The information submitted 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.			

William Fisher

Permittee printed name


Permittee signature (Permittee on record or a VP level officer)

Agent

Title

6/13/22

Date

SEE INSTRUCTIONS ON PAGE 2 FOR SUBMITTING COMPLETED FORM TO THE FEE UNIT