CITY OF ARROYO GRANDE
COMMUNITY DEVELOPMENT DEPARTMENT

Private Stormwater System Owner, Agent, & Designer Information

OFFICE USE ONLY
SWP _____

SWP	BLD
Stormwater Permit (SWP) Number (SWP##-####)	**Building Permit Number (BLD##-######)**

Project Address

SYSTEM OWNER:

Current Property Owner *(Include name of primary contact)*

Street Address

City	**State**
Zip Code	**Phone Number**

Owner Email:

SYSTEM DESIGNER:

Designer Name and Affiliation

Designer License Number and Type

Street Address

City	**State**
Zip Code	**Phone Number**

Designer Email:

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OFFICE USE ONLY
SWP _____

PROJECT AGENT (if applicable):

Agent Name and Affiliation *(Include name of primary contact)*

Street Address

City **State**

Zip Code **Phone Number**

Agent Email:

COORDINATING CITY REPRESENTATIVE:

City Representative *(Printed Name)*

City Representative Title

Email **Phone**