



**CO-PERMITTEE ACKNOWLEDGEMENT FORM  
FOR CHAPTER 102 PERMITS**

**PERMITTEE / PROJECT INFORMATION**

Permittee Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Permittee Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Permittee City, State, ZIP: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ County: \_\_\_\_\_  
 Permit Type:  PAG-01  PAG-02  IP  ESCGP  E&S Permit No.: \_\_\_\_\_  
 Permit Issuance Date: \_\_\_\_\_ Construction Commencement Date: \_\_\_\_\_

**CO-PERMITTEE INFORMATION**

Co-Permittee Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Co-Permittee Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Co-Permittee City, State, ZIP: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Co-Permittee's Role in Project:  General Contractor  Consultant  Excavation Contractor  Other  
 Date Role Will Commence: \_\_\_\_\_  
 Description of Responsibilities: \_\_\_\_\_

**CERTIFICATION**

**Permittees:** I am aware that I will be held jointly and severally liable for an activity conducted by any co-permittee that results in non-compliance with the Pennsylvania Clean Streams Law (CSL), 25 Pa. Code Chapter 102 regulations, and/or a permit issued pursuant to the CSL and Chapter 102 regulations.

**Co-Permittees:** I understand that I am assuming joint and severable responsibility, coverage, and liability under the permit for all duties, responsibilities, and non-compliance with the Chapter 102 permit. I certify that I will implement the requirements of the permit and the approved design plans and will notify the permittee and the agency that issued permit coverage prior to implementing changes to the plans.

**Permittees and Co-Permittees:** I certify under penalty of law (see 18 Pa.C.S. § 4904 (relating to unsworn falsification)) that the information reported herein was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the information, 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Permittee Name

\_\_\_\_\_  
Co-Permittee Name

\_\_\_\_\_  
Permittee Signature

\_\_\_\_\_  
Co-Permittee Signature

\_\_\_\_\_  
Permittee Title

\_\_\_\_\_  
Co-Permittee Title

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature