



401-02B
Division of Water Quality
Permit Administration Section
PO Box 420 Trenton, NJ 08625-0420
Phone: (609) 984-4428
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NJPDES Administration Update Form

*This form shall be used for simple changes to a permit. **Name Change** of a Facility, Property Owner, Operating Entity or person who is the contact for each. **Mailing Address** of the Facility, Property Owner or Operating Entity. If the Operating Entity is changing or the Property or Facility are being sold, the **Application for Transfer of a Permit** must be used.*

1. NJPDES Permit # _____ **PI #** _____ **Permit Category(ies)** _____
Facility Name/Location Address _____

2. Applicant(s)/Operating Entity(ies)
Entity Name _____
Mailing Address _____
City or Town _____ State _____ Zip Code _____
Contact Person _____ Telephone () _____ Email _____
Parent Corporation & Place of Incorporation _____
Federal Tax Identification Number _____

3. Property/Land Owner(s)
Entity Name _____
Mailing Address _____
City or Town _____ State _____ Zip Code _____
Contact Person _____ Telephone () _____ Email _____

4. Facility Information (Person Familiar with the Facility/Site/Permit)
Facility Name _____
Mailing Address _____
City or Town _____ State _____ Zip Code _____
Contact Person _____ Telephone () _____ Email _____

5. Fees and Billing Contact
Entity Name _____
Mailing Address _____
City or Town _____ State _____ Zip Code _____
Contact Person _____ Telephone () _____ Email _____

