



APPLICATION FOR STORMWATER UTILITY CREDIT

Tax Parcel ID Number
Property Address
Name of Property Owner
Mailing Address
Name of Contact Person (if different than above)
Contact Address
Contact Phone Number
Contact Email

Brief description of stormwater management practice (attach documentation if necessary). Depending on the stormwater management practice(s), additional information may be requested during the review.

Amount of Credit(s) Requested: Flow Rate: _____%, Volume: _____%, Quality: _____%
(Up to 20%) (Up to 10%) (Up to 20%)

Approved Remediation Project: Project Cost \$_____ = 50% credit (\$____/month for ____ months)

Property Owner Signature

Date

(Please Attach All Calculations/Documentation to Justify Credits as per Section F of Credit Policy)



CITY USE ONLY:

Date Application Received: _____

Current ERU Number: _____ Current Monthly Fee: _____

Approved Credits: Rate: _____% + Vol: _____% + Quality: _____% + Other: _____% = Total _____%

Approved New ERU Number: _____ New Monthly Fee: _____

Certification _____ Engineering Documentation _____ Maintenance Agreement _____

ERU Credit Approved by Director of Public Works:

Signature

Date

Notes:

