

ABC WATER AND STORM WATER DISTRICT

STORM WATER UTILITY FEE FORM NO. 1-A-5 CREDIT RENEWAL APPLICATION

APPLICANT NAME:

DATE:

CONTACT PHONE:

EMAIL:

PARCEL NUMBER:

ERUs WITHOUT CREDIT:

ERUs WITH CREDIT APPLIED:

INCLUDE THE FOLLOWING ATTACHMENTS AS NECESSARY:

Location Map

Current Site Photographs

Description of Storm Water Management Structure & Proposed Maintenance Schedule

Up-to-date Inspection/Maintenance records for existing Storm Water Facility

Engineer's certification (Below)

Name _____ Contact Information:

OHIO P.E. License # _____

Signature _____

I HEREBY CERTIFY THAT THE STORMWATER CONTROL MEASURE (SCM) FUNCTIONALITY CURRENTLY MEETS THE DESIGN INTENT INCLUDING THE ORIGINAL CAPACITY AND OPERATIONAL INTEGRITY, AND IS BEING ADEQUATELY MAINTAINED.

APPLICANT'S SIGNATURE:

(DISTRICT USE ONLY) APPLICATION REVIEWED BY:

DATE:

(DISTRICT USE ONLY) APPLICATION APPROVED: Yes No

Fee Reduction (%) _____

(DISTRICT USE ONLY) CONDITIONS OF APPROVAL OR REASON FOR DENIAL AND COMMENTS:

STORM WATER UTILITY FEE