Town of Blacksburg

400 South Main Street Post Office Box 90003 Blacksburg, VA 24062-9003

5-YEAR TERM



Stormwater Enterprise Fund Credit Application Form

CONTACT INFORMAT	ION				
			Date		
Name of Property Owner or Occupant(Last, first, middle initial)			Tax Map Number(s) or Tax Parcel ID		
Applicant Address, City, ST, ZIP Code			Property Street Address, City, ST, ZIP Code		
Primary phone number Other phone number			Email address		
Instructions:					
Fill out this form comple ensure all stormwater r appropriate documen	nanagemen ³	facilities are in	proper state of rep	air and maintained. A	
1. Site plan with st	ormwater fa	cilities and cont	ributing drainage a	reas.	
2. Descriptions of	stormwater c	ontrol facilities.			
Documentation This consists of:	n that the sto	rmwater contro	I facilities meet the	criteria for stormwateı	r utility credit.
	•	the recently coi in the past 5-ye		er facility with calcula	tions (for new
	•	•	lations showing the older than 5 years)	facilities are currently .	meeting
c. Mainter	nance Cover	nant (all facilities	5).		
Is this a renewal?		O YES		O NO	
Applicable Credit: C	heck as appi	ropriate			
1 YR STORM:	(10%)	25 YR STORM:	(10%)	Energy Balance:	(20%)
2 YR STORM:	(10%)	100 YR STORM	:(10%)	Other: (describe bel	ow)
10 YR STORM:	(10%)	Water Quality:	(20%)		
Description of Storm	water Quantii	y and Quality B	MPs – attach additi	onal sheets if needed	l:
BMP 1			Impervious Surface Treated (ft²)		
BMP 2			Impervious Surface Treated (ft²)		
BMP 3			Impervious Surface Treated (ft²)		
For Administrative Use Only	:			Date received	
Action taken				Approval Signature	