

Stormwater Enterprise Fund Credit Application Form

CONTACT INFORMATION

	Date
Name of Property Owner or Occupant (Last, first, middle initial)	Tax Map Number(s) or Tax Map Number
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 completely. One application must be submitted for each separate location. Please ensure all stormwater management facilities are in proper state of repair and maintained. Attach all appropriate documentation to support this request. Documentation shall include:

1. Documentation of annual maintenance performed on the stormwater facilities.
2. Descriptions of any significant changes to stormwater facilities.

Is this a renewal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintenance Performed: <i>(supplemental sheets may be added)</i>		
1st Year:		
2nd Year:		
3rd Year:		
4th Year:		
5th Year:		
Significant Changes to Facility:		

Applicable Credit – check appropriate credit(s)

1 YEAR	_____ (10%)	25 YEAR	_____ (10%)	CHANNEL/FLOOD PROTECTION	(20%)
2 YEAR	_____ (10%)	100 YEAR	_____ (10%)	OTHER: <i>(describe below)</i>	(%)
10 YEAR	_____ (10%)	WATER QUALITY	_____ (20%)		

For Administrative Use Only:	
Action taken	Date received
	Approval Signature