

# Stormwater Facility Credit Application

## Application Form

### Section 1: Administrative and Contract Information

Please refer to Section 1 of the Application Instructions for assistance in completing this section. If your application includes facilities located on or serving multiple parcels, complete contact information for EACH parcel. You may photocopy this page, to provide additional information.

**Parcel Number (Required Field)** \_\_\_\_\_

<p><b>Owner Information (Required Field)</b></p> <p>Owner Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>Email _____</p> <p>Phone _____</p>	<p><b>Property Management Information (If applicable)</b></p> <p>Company Name _____</p> <p>Contact Name _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p>
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<p><b>Site Information (Required Field)</b></p> <p>Site Name (If Applicable) _____</p> <p>Business Name (If Applicable) _____</p> <p>Site Address _____</p> <p>Site Contact Name _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p>	<p><b>Mailing Information (if different from owner or property management)</b></p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p>
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**Correspondence Information (Required field)**

Please check the box where you would like correspondence to be sent. If no box is checked, all correspondence will be sent to the owner.

<p><input type="checkbox"/> Owner Address</p> <p><input type="checkbox"/> Property Management</p> <p><input type="checkbox"/> Mailing Address</p> <p><input type="checkbox"/> Site Address</p>	<p>How did you hear about the program</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Department of Planning &amp; Development</p> <p><input type="checkbox"/> SPU Source Control Inspection</p> <p><input type="checkbox"/> Other _____</p>
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## Application Form (continued)

**Section 2: Stormwater Facility Information**

*Please refer to Section 2 of the Application Instructions for assistance in completing this section.*

Facility Number	Facility Type (Select facility type from 2 section)	Year Installed	System Location	Code Required? (y or n)	Additional parcels served by facility (Parcel numbers or NA)

## Application Form (continued)

### Section 3: Impervious Surface Information

Indicate the total square footage of each surface type that is managed by each facility. More than one row may be completed for facilities that manage runoff from multiple parcels. The information provided here should match data provided in your site plan. **(Please carefully read Section 3 of the Application Instructions prior to completing this section)**

Facility Number	Parcel Number	Facility Type	Building Rooftop (Sq. ft.)	Vehicular Surfaces (Sq. ft.)	Other Impervious Surface (Sq. ft.)

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## Application Form (continued)

**Section 4: Maintenance and Insulation Information (Maintenance checks for last 5 years for each facility)**

See Section D of the Application Instructions for further assistance in completing this section and for additional backup documentation requirements

Facility Number	Facility Type	Year Installed	Maintenance Date (most recent first)	Inspection Done By (Name of Business or Company Employee)	Corrective Action Needed? (Y or N)	Type of Corrective Action	Date Action Completed

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## Application Form (continued)

### Section 5: Owner Certification (REQUIRED)

*By signing this application, I certify that I am the owner or authorized representative of the owner and that this application and any additional materials provided accurately describe the stormwater management facilities present on this property. A verification of owner authority will be provided upon request. In addition, I grant permission to SPU staff to enter the property to verify impervious surface characteristics and to inspect the stormwater facilities to ensure their proper maintenance. In addition, I certify that any facilities included on this application have been inspected within 6 months of this certification date and that said facilities are properly maintained and functioning.*

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name

\_\_\_\_\_ Title \_\_\_\_\_ Date

Is coordination of entry required such as locked gate or dog on premises? Please describe \_\_\_\_\_

\_\_\_\_\_

Would you like the inspector to call you to coordinate? Yes / No Time/Date? \_\_\_\_\_

At what phone number \_\_\_\_\_

### Section 6: Application Submittal Information

**Completed applications must be received by November 1 of a given year to be considered for credit in the subsequent year. (Applications must be received by November 1, 2020 for example, a credit to be applied to the 2021 drainage bill.)**

<p>Seattle Public Utilities Stormwater Facility Credit Program Attn: Nicholas Werts 700 Fifth Ave., Suite 4900 PO Box 34018 Seattle, WA 98124-4018 OR Fax to (206) 470-6744</p>	<p>For questions, please visit our website at <a href="http://www.seattle.gov/utilities/your-services/discounts-and-incentives/stormwater-facility-credit">www.seattle.gov/utilities/your-services/discounts-and-incentives/stormwater-facility-credit</a>, or contact Nicholas Werts at (206) 684-5812; <a href="mailto:nicholas.werts@seattle.gov">nicholas.werts@seattle.gov</a>.</p>
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