

City of Falls Church CREDIT APPLICATION FORM

(Form SW1)

Applicant Name:

Date:

Email:

Phone #:

Property Information:

Owner:

Street:

City, State, ZIP Code:

Mailing Address (If different from property address):

Street:

City, State, ZIP Code:

Stormwater Management Facility Description:

Include type of facility, date(s) of installation and pollutant removal efficiency from the Virginia BMP Clearinghouse, Recommendations of the Expert Panel to Define Nutrient Removal Rates for Urban Stormwater Retrofits Projects, or other state-approved design guidance (provide documentation to support the determined pollutant removal efficiency). Attach additional information if necessary.

- Voluntary Stormwater Management Facility
- Condition of Development Stormwater Management Facility
- Off-site Stormwater Management Facility
- Stormwater Detention (circle one): 1-1.99 inches 2-2.99 inches 3 inches or greater

Final Adjusted Annual Stormwater Utility Fee: _____

(Attach Credit Calculation Form)

Credit Application Form cont.

Please Initial

_____ I certify that the above information, to the best of my knowledge and belief, is true, accurate and complete.

_____ I certify that practices installed on my property for which I am taking credit are functioning as intended and are being maintained in accordance with guidance provided by the City.

_____ I certify that I have received proper authorization from my homeowners or condominium association for the practices installed, if applicable.

_____ I agree that City staff may have access to my site for the sole purpose of verifying these practices. Should City staff find a deficiency, I also understand that I must correct the deficiency in the time frame provided by the City and that if corrective action is not taken in a timely manner, that I will no longer be able to take credit for the practice.

Signature _____

Date _____

Official Use Only:

Reviewer: _____ Approval Date: _____

Comments: