

SWM Exemption Application Form

Property Information: Site Address: _____ City State Zip: _____ Taxlot ID(s): _____ <i>(example 1S234AB01400)</i>	Owner/Applicant Information: Name: _____ Address: _____ City State Zip: _____ Phone: _____ E-mail: _____
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Please provide a brief explanation of how this property will meet the requirements for an exemption to the SWM Charge. Currently, SWM exemption is only achieved by the existence of on-site dry wells or a large on-site vegetated area providing on-site disposal for all of the surface water on the property.

Please provide a Map/Drawing of the property showing the following Map Elements for the chosen Exemption Justification

Map Elements for On-Site Drywells: <input type="checkbox"/> Location of Dry Wells <input type="checkbox"/> Location of all Impervious Surfaces <input type="checkbox"/> Drainage Pattern <input type="checkbox"/> Network of Drywells to display the capture of storm run-off from Impervious Surfaces <input type="checkbox"/> Other _____	Map Elements for On-Site Large Vegetated Area: <input type="checkbox"/> Location of Vegetated Area <input type="checkbox"/> Location of all Impervious Surfaces <input type="checkbox"/> Drainage Pattern <input type="checkbox"/> Distances of Impervious Surfaces from Lot Boundaries <input type="checkbox"/> Other _____
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Additional comments or information that may be needed to understand your request: _____

By signing this form, the Owner or Owner's authorized agent or representative, acknowledges and agrees that employees of Clean Water Services have authority to enter the project site at all reasonable times for the purpose of inspecting project site conditions and gathering information related to the project site. I certify that I am familiar with the information contained in this document, and to the best of my knowledge and belief, this information is true, complete, and accurate.

Print/Type Name: _____ Print/Type Title: _____
 Applicant Signature: _____ Date: _____