

Fox Chapel Sanitary Authority Stormwater Fee

Credit Application

This application is for property owners to request a credit be applied to his or her stormwater fee. Pertinent sections must be completed in entirety. Please submit one application per Property to:

**401 Fox Chapel Road
Pittsburgh, Pennsylvania 15238**

Applications must be received within 30 days of the charge being mailed to the property owner.

Date: _____ Parcel No.: _____

Property Owner Information:

Applicant Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Property Address: _____

Applicable Credit:

___ Post Construction Stormwater Management Best Management Practice (PCSM BMP) (Maximum 50% Fee Reduction)

Application Checklist: Please include all necessary documents when submitting application.

If appeal is related to PCSM BMPs, please include the following additional documentation (Please note that applications for PCSM BMP Credits may only be submitted once):

___ Documentation that the PCSM BMP has been installed and maintained. Documentation may include but is not limited to:

- As-Builts of the PCSM BMP
- Sealed Design Drawings
- Stormwater Management Report demonstrating compliance with the Borough Stormwater Ordinance and/or designed to address runoff from storms up to the 100-year storm event,
- Annual inspections completed by a licensed professional or Authority approved agent indicating the PCSM BMP has been maintained per the Operations and Maintenance Plan or per PADEP BMP Manual.

___ Photo of existing PCSM BMP

___ Recorded Operation and Maintenance Agreement (If not completed, an Operation and Maintenance Agreement must be recorded with the Borough; example attached.)

Credit Description

Please provide detailed description as to the credit being applied for and the percentage that is being requested for fee reduction.

The Applicant hereby certifies that the statements made herein and representations contained in all accompanying matter as part of this application are true and correct and the applicant is the Owner of the property identified herein. The Applicant/Owner/ shall be responsible for reviewing and fully understanding all provisions of the Authority Resolution. The Applicant/Owner grants Fox Chapel Sanitary Authority Officials the right to enter onto the property for the purpose of inspection and verification of the statements made herein.

Signature: _____

FOR AUTHORITY USE ONLY

Received By: _____ Date Received: _____

____ Application Complete

Reviewed By: _____ Date Reviewed: _____

____ Credit Granted

____ Credit Denied

Description of Reduction: _____