



City of Marion, Iowa, Engineering Department
**APPLICATION for STORM WATER UTILITY FEE
CREDIT/ADJUSTMENT**

CREDIT: Peak Flow Control Runoff Volume Reduction Water Quality Other Credit

ADJUSTMENT: ERU/Impervious area Living Units Owner/Tenant/Billing Information

Applicant Information (Financially Responsible Entity): (please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: (____) - _____

Property Owner Information: Same as above

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Property Information:

Property Location/Address: _____

Parcel Identification Number (GPN): _____ Zoning: _____

Parcel size: _____ sq. ft. Acres Impervious Area: _____ sq. ft. Acres

Brief description and reason for application:

For CREDIT only – Plan Review Information: (\$50 application fee*)

Has this project and its stormwater calculations been previously approved by the city? Yes No

If Yes, date of final approval of plan and calculations: _____

(If no copy is on file, the city will notify Applicant to request a copy.)

If No, provide copies of as-built plans and calculations showing the project meets minimum city requirements.

The following certification is required for approval of all credits for which a certified technical submission was required:

_____	_____	
Type or print name	Prof. License Type & Number	
_____	_____	_____
Signature	Date	Phone

For ADJUSTMENT only – Supporting Information: (\$25 application fee* for ERU/Impervious area or Dwelling Unit adjustments. There is no fee for change of owner/tenant/billing information)

Site Plans Site Survey Aerial Photo Other (describe below)

* Fees for applications that result in the approval of a credit or adjustment shall receive a 100% rebate.

* * * * *

This form must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.

The above information is true and correct to the best of my knowledge and belief. I agree to provide corrected information should there be any change in the information provided herein.

_____	_____
Type or print name	Title or Authority
_____	_____
Signature	Date

Completed forms can be returned to the City of Marion Engineering Department, 1225 6th Avenue, Marion, IA 52302 or emailed to scooper@cityofmarion.org