

CITY OF TITUSVILLE
STORMWATER MANAGEMENT PROGRAM

APPLICATION FOR STORMWATER
ATTENUATION/TREATMENT CREDIT

APPLICANT INFORMATION

Name of person responsible for the operation of the stormwater management facility:

_____ (Property Owner/Homeowners' Assoc. Representative/Property Manager)

Address: _____ City: _____

State: _____ Zip _____ Phone Number: _____

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STORMWATER UTILITY ACCOUNT INFORMATION:

Address of Property: _____

Account Number: _____ Residential Non-Residential

Year Structure was built: _____

Drainage As-Built Attached: Yes _____ No _____

_____ I hereby swear and affirm that the information contained in this application and on the attached drainage as-built is true and accurate to the best of my knowledge.

_____ Date: _____
Applicants' Signature

-----**Do Not Write Below This Line**-----

SITE INSPECTION:

Date: _____ By: _____

Comments: _____

Credit Approval: Yes _____ No _____ By: _____ Date: _____

Credit Amount _____ (30% Maximum Allowed)