

Storm Drainage Utility Rate Variance Request

Please note: Request must be completed in blue or black ink. These calculations are not applicable to single family residences, duplexes, or tri-plexes.

Account Number _____

Owner Name: _____

Tax Parcel No.: _____

Site Address: _____

Owner Address (if different from above): _____

Phone Number: _____

E-mail Address: _____

Per the County Assessor, Total Lot Area is (attach print out showing this):

_____ Sq. Ft. _____ Acres

Calculated Impervious Areas (attach sketch showing lot and areas): _____ Sq. Ft.

Areas on Property that are impervious (check all that apply):

| | |
|--------------------------------------|---------------------------|
| _____ Building Roof with Overhang | _____ Sidewalks |
| _____ Driveway (Including Gravel) | _____ Sheds/Outbuildings |
| _____ Parking Lot (Including Gravel) | _____ Covered Areas/Patio |
| _____ Detention Pond | _____ Other: _____ |

I understand that by signing this form I certify that the information provided is accurate and true. I also understand that if this information is found to differ from actual site conditions that I am responsible for all charges accrued from the date this reduction took effect until the date the difference is discovered.

Signature: _____ Date: _____

Printed Name: _____

(For Official Use Only)

_____ Approved _____ Disapproved

Comments: _____

Approved By: _____ Date: _____