

NON-RESIDENTIAL AND MULTI-FAMILY ANNUAL STORMWATER REPORT FORM/CREDIT RENEWAL FORM

APPLICANT INFORMATION				
st	First	M.I.		
Street Address		Apt/Unit #		
City	State	Zip Code		
	Alternate Phone:		· · · · · · · · · · · · · · · · · · ·	
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	Street Address City y address)	Street Address City State Alternate Phone:	Street Address Apt/Unit # City State Zip Code Alternate Phone:	

CREDIT RENEWAL SUMMARY			
CHECK TYPE OF CREDIT AND COMPLETE % CREDIT ALLOWED			
WATER QUALITY CREDIT:	%		
☐ WATER QUANTITY CREDIT:	%		
CREDIT FEE ADJUSTMENT:			
FEE * CREDIT (%) = \$	_		
OWNER CERTIFICATION			
By signing below, I hereby certify that I own the property and I further declare, under penalty of perjury, that the information provided by me in this application is the truth to the best of my knowledge and belief.			
APPLICANT/OWNER SIGNATURE:			
DATE:			
MAIL APPLICATION AND ALL SUPPOR	RTING DOCUMENTATION TO:		
GENERAL SERVICES DE STORMWATER DIV P.O. Box 80 ISLE OF WIGHT, VA	ISION		