

APPLICATION FOR STORMWATER UTILITY FEE CREDIT

New Application **Renewal Application**

1. Site Information:

Site Address: _____

Site Known as: _____

Parcel ID #: _____

*[If site plan includes multiple parcels, include all.]

2. Applicant Information:

Authorized Agent/Owner's Name: _____

Contact Name: _____

Contact Phone: _____

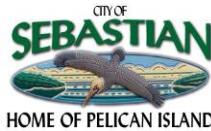
Contact Email or Fax: _____

Mailing Address: _____

By acceptance of the credit granted herein, the undersigned agrees to be bound by the general policies of the Sebastian Stormwater Utility and any special conditions of approval as noted by the City of Sebastian.

Certification: As owner or authorized agent, I hereby certify that the stormwater facilities of this property have not been altered in any way from the original facility as permitted by St. John's River Water Management District or other authorized entity.

Certification: As owner or authorized agent, I hereby certify that the maintenance records documenting all maintenance to the stormwater facilities for this property are true and correct.



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_____ **Print name**

_____ **Signature**

_____ **Date**

Notary:

STATE OF FLORIDA
COUNTY OF _____

I hereby certify that on _____, 20____ personally appeared _____ who is ___ personally known to me or has ___ produced identification. Type of identification produced: _____.

[SEAL]

Notary Public
My Commission Expires: _____

Applications may be submitted by email, mail, or hand delivery.

Submit applications to: **Community Development Dept.**
City of Sebastian
1225 Main Street
Sebastian, FL 32958
Email: mfaulkner@cityofsebastian.org