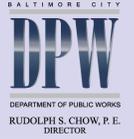




STORMWATER REMEDIATION FEE CREDIT



NON-SINGLE FAMILY PROPERTY CREDIT APPLICATION

CUSTOMER NAME: _____

PROPERTY ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____ *Optional*

MAILING ADDRESS: _____

PARCEL ID (Block/Lot): _____ **APPLICATION DATE:** _____
(Visit <http://cityservices.baltimorecity.gov/realproperty/> to search your Block/Lot)

ACCOUNT No.: _____

This application is for the renewal of credits.

**For official use only*

Credit/Reduction Type	Brief Description of Activity/Treatment/BMP	Fee Reduction
Discount Religious Structure Fee Reduction		
Maximum Fee as % of Property Tax		
Participation (\$10/8hr/yr)		
Vacant Lot (45%)		
Small Development (33%)		
Treatment Practice (45%)		
Activity-Based BMP (45%)		
NPDES Industrial Permit Holder (55%)		
Harbor Discharge (30%)		
Total Approved Reduction:		

To my knowledge, all the information included in the application is correct.



STORMWATER REMEDIATION FEE CREDIT



NON-SINGLE FAMILY PROPERTY CREDIT APPLICATION

DIRECTIONS: Non-single family properties are eligible for credits and fee reductions as described in the *Non-Single Family Maryland Stormwater Fee Reductions Customer Guidance Document*. Please refer there for instructions and additional information.

Please send this completed application and required attachments to:

**Bureau of Water and Wastewater
Abel Wolman Municipal Building
200 Holliday Street, Room 404
Attn: Customer Support and Services Division
Baltimore, MD 21202**

or

**Email publicworks@baltimorecity.gov
Include in Subject line **STORMWATER CREDIT APPLICATION****

or

Fax to (410) 396-5531

Questions: Please contact the Customer Support and Services Division at (410)396-5398

Please note enclosed documentation, as applicable:

- Map of property identifying structures eligible for the **religious structure** discounted rate
- Proof of tax exempt status certification
- Copy of Previous year's City and State real property tax bill
- Copy of the current **NPDES** Industrial Stormwater Discharge Permit (Individual)
- Map showing location(s) of Treatment Practices
- Records of activity-based BMP and results
- Certificate(s) of **event participation**
- Other _____

THE CUSTOMER IS STILL OBLIGATED TO PAY THE FULL FEE DURING THE CREDIT APPLICATION REVIEW

*For official use only

Customer Service Rep: _____ Date Approved: _____