



## City of Newton Stormwater Fee Credit Application

**Instructions:**

1. Forms must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.
2. Mail the completed form to: City of Newton Dept. of Public Works  
1000 Commonwealth Ave.  
Newton Centre, MA 02472  
(or hand deliver)

Property Owner or Business Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone Numbers: Day: \_\_\_\_\_ Cell: \_\_\_\_\_

Authorized Contact (if different than property owner): \_\_\_\_\_

Authorized Contact mailing address: \_\_\_\_\_

Property Location: \_\_\_\_\_ Utility Account Number: \_\_\_\_\_

Type(s) of Stormwater Management on property: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Dry wells, galleys (underground concrete structures) | <input type="checkbox"/> Detention / Retention Basin |
| <input type="checkbox"/> StormTech chamber(s) (underground HDPE structures)   | <input type="checkbox"/> Permeable pavement          |
| <input type="checkbox"/> Rainwater recovery tank                              | <input type="checkbox"/> Other (describe): _____     |
| <input type="checkbox"/> Stormceptor®   | _____  |

Installation Date of above: \_\_\_\_\_

Site Plan, hydrologic calculations or other documentation attached:  Yes  No

Has the Engineering Division reviewed your Stormwater Management Plan as part of a building or Special permit?  Yes  No

If yes, we will locate your permit file and copy the pertinent information.

I hereby request the Stormwater / Environmental Engineer to review this application and I give authorization to enter onto my property for purposes of verifying this information. I certify that I have authority to make such a request and grant such authority for this property. The information provided is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the City of Newton Department of Public Works should there be any change in the information provided herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Do not write in the shaded area (Utility Use Only)

Credit Approved (check one):  Yes for \_\_\_\_\_ % of Annual Fee  No

If No, provide a brief explanation for denial:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_