

Athens-Clarke County Stormwater Utility Fee Adjustment Submittal Requirements

The staff of the Athens-Clarke County Stormwater Management Program (ACC) shall review the Fee Adjustment Submittal for compliance with this policy. Should the applicant feel that the information upon which their stormwater utility bill is based is in error, they should complete an application that shall include at a minimum:

1. Review Fee:
None required
2. Adjustment Application
 - a. Type of adjustment requested
 - b. Applicant information
 - c. Owner information
 - d. Property information
 - e. Certification that the information being submitted is correct
3. Supporting Documentation
The applicant shall provide for review and approval by ACC any survey, sketches, drawings, plans, measurements and other supporting documentation required to demonstrate, to the satisfaction of ACC staff, that the information is accurate and correct.

Forms have been provided for the convenience of the applicant and ACC staff. Should the forms not fit your specific circumstances, please complete the forms as best as you can and attach the additional information.

Athens-Clarke County Stormwater Utility

Adjustment Application

Fee: none required

Adjustments applied for (check all that apply): Correction New/Modified Construction Demolition

Service Area (check one): Riparian UGA Winterville ACC General

Customer Classification (check one): Single Family Duplex/Triplex Other Developed
 Agriculture Undeveloped

Applicant Information (Financially Responsible Entity): (Please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email: _____ Telephone: (____) ____ - _____

Property Owner Information (If Different from Above):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email: _____ Telephone: (____) ____ - _____

Property Information:

Property Location/Address: _____

Parcel Identification Number (PIN): _____

Name of Receiving Water: _____

Reported Impervious Area (sq. ft.): _____ Corrected Impervious Area (sq. ft.): _____

Reason for requesting an adjustment: _____

If this is a request for setting up a new account that is not currently going through the plan approval process, the applicant must also complete and include the Customer Billing Data Form.

Please indicate the review information submitted with this application:

Narratives Site Plans Survey Plat with Topography As-Built Plans Other

Certifications:

The above information is true and correct to the best of my knowledge and belief. (This form 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 entity.) I agree to provide corrected information should there be any change in the information provided herein.

Type or print name

Title or Authority

Signature

Date