



CITY OF PALMETTO

Stormwater Fee Adjustment / Mitigation Application

PLEASE SUBMIT COMPLETED FORM AND ALL REQUIRED DOCUMENTATION TO:

City of Palmetto Public Works Department
601 17th St W. Palmetto, FL 34221

FOR QUESTIONS OR APPOINTMENTS, PLEASE CALL: 941.723.4580

- Application for adjustments made between January 1 and January 31 are without charge.
- Application for adjustments made with sixty (60) days of an owner's first receipt of a stormwater service invoice for a given property are without charge.
- A twenty-five (\$25.00) administrative charge shall apply to all other application for adjustments.

SECTION A – PROPERTY OWNER

Property Owner Name:			
Mailing Address:			
City:	State:	ZIP Code:	
Phone:	Fax:		
Email address:			

SECTION B - PROPERTY INFORMATION

Name of Property (e.g. Development or Subdivision):		
Tax Map Parcel ID:		
Occupant(s):		
Phone:		
Site Address:		
City: PALMETTO	State: FLORIDA	ZIP Code: 34221
Type of Property: _____ Residential _____ Non-Residential		
Refer to Ordinance 06-908 and 07-950		
Current Zoning:		
SIC CODE (if applicable):		
Currently Billed Impervious Area (Sq. Feet):		
Current Stormwater Monthly Fee: \$		

SECTION C – TYPE OF MITIGATION

ON-SITE STORMWATER POND:	_____
VARIATIONS IN IMPERVIOUS AREA:	_____
OTHER FEATURES:	_____



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SECTION D – DOCUMENTATION

Please state the reason you are applying for an adjustment to your stormwater user fee. Be sure to attach any supporting documentation that you want us to consider as part of the mitigation review process. Refer to Ordinance 06-908 for further information regarding mitigation credit guidelines/eligibility. City Ordinances can be obtained online at www.palmettofl.org or you may contact City Hall at 941.723.4570 to request a copy of the ordinance. Please attach additional information as required.

SECTION E – CERTIFICATION and SIGNATURE (owner or authorized official)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the site, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

SIGNATURE:	DATE:
PRINTED NAME:	TITLE:

SECTION F – TO BE COMPLETED BY THE CITY OF PALMETTO

APPLICATION RECEIVED BY

SIGNATURE:	DATE:
PRINTED NAME:	TITLE/DEPARTMENT:



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SECTION F – TO BE COMPLETED BY THE CITY OF PALMETTO

PUBLIC WORKS _____ APPROVED _____ DENIED	
INSPECTION DATE: _____	
COMMENTS: _____ _____ _____ _____	
SIGNATURE:	DATE:
PRINTED NAME:	TITLE/DEPARTMENT:

FINAL APPROVAL _____ APPROVED _____ DENIED	
COMMENTS: Based on information submitted, they are eligible for a 50% credit off of the current fee. This equate to 100% of the O&M portion of the fee.	
SIGNATURE:	DATE:
PRINTED NAME:	TITLE/DEPARTMENT:

EFFECTIVE DATE: ____ . ____ . 20____	COP ACCT #: _____
	OPEN DATE: _____
CURRENT STORMWATER FEE	\$
CREDIT	\$
NEW STORMWATER FEE	\$