

Town of Chapel Hill

Stormwater Management Fee Review Form

Applicant (person to whom correspondence will be mailed):

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Daytime Phone: _____

Property Information:

Parcel Identification Number (PIN): _____ Date: _____

Address (or location if no address assigned): _____

Stormwater Management Division
 405 Martin Luther King Jr. Blvd
 Chapel Hill NC 27514
 Fax: 919-969-7276
 Email (send as an attachment):
stormwater@townofchapelhill.org

Responses to information requests will be mailed to the address indicated above, and will include a map showing measured impervious surfaces. Upon review, erroneous calculations will be corrected and a revised bill issued, if necessary. Please allow 6 weeks from the delivery date for a reply. Please visit the stormwater website www.townofchapelhill.org/stormwater for additional information, including the stormwater management ordinance adopted by the Town Council on June 16, 2004.

OFFICE USE ONLY			
Date request received: _____		By: _____	
Property TMBL: _____		County: _____	
Fee calculation data:			
	Before Review	After Review	Reviewed by:
Impervious surface (sq ft)			
ERUs			
Fee (\$)			
ERU/fee adjustment needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date response and map mailed: _____		By: _____	
Refund needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Revised bill issued? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stormwater Engineer Approval: _____		Finance Approval: _____	
Date response and map mailed: _____		By: _____	