



Form B
CITY OF WILMINGTON, DELAWARE
STORM WATER CREDITS APPLICATION

Request Number

I. General Information

Parcel ID:	Account # (from Utility Bill):	Date:
Parcel Owner:		Email:
Service Address:		Mailing Address:
City / State / Zip:		City / State / Zip:
Phone:		Phone:
Authorized Nominee:		Email:
Storm Water Class (from Utility Bill):	Credit Request: Quantity <input type="checkbox"/> Quality <input type="checkbox"/> NPDES <input type="checkbox"/>	

II. Required Documentation Checklist

Check if any of the following attachments are included:	
<input type="checkbox"/>	As-Built Drawings
<input type="checkbox"/>	Site Map / Plan
<input type="checkbox"/>	Drainage Area Maps
<input type="checkbox"/>	Individual or General NPDES Permit
<input type="checkbox"/>	Pre-development and Post-development Calculations for the 2, 20, 25, 50 and 100 year Design Storms
<input type="checkbox"/>	Routing Calculations through the Facility or Control for the 2, 20, 25, 50 and 100 year Design Storms
<input type="checkbox"/>	Total Storage Volume of Facility or Control
<input type="checkbox"/>	Emergency Spillway Size, Type, Configuration and Rating
<input type="checkbox"/>	Maintenance Plan and Schedule
<input type="checkbox"/>	Application Fee of \$100.00 (Non-Refundable) Payable to the City of Wilmington

III. Engineer Certification

I certify that the "As-Built Drawings" and other maps are an accurate representation of the subject storm water facility or control, and that the required calculations have been performed as per acceptable engineering standards.

Registered Professional Engineer: _____

Registration Number: _____

Company: _____

Phone: _____ Email: _____

Signature of Engineer

Date

IV. Owner Certification and Right-of-Entry

I certify that the information contained in the application and in the attached documents is, to the best of my knowledge, correct and represents a complete and accurate statement. I further understand that the storm water credit will be based on the information provided and the City may revoke the credit if a later determination indicates that the information provided was inaccurate. I hereby grant permission for a City representative to enter the parcel for the purpose of inspecting the facility/structure or system in the parcel for which storm water credit is requested.

Signature of Owner _____
Date

V. FOR CITY USE ONLY (To be completed by the City)

Application Received By: _____ **Date Received:** _____

Application Reviewed By: _____ **Date Reviewed:** _____

Application Status: Approved: _____ Denied: _____

Credit Approved (%): Quantity: _____ Quality: _____ NPDES: _____

Remarks:

Send the Completed Application, Fee, and Supporting Documentation To:

The Commissioner
Department of Public Works
City of Wilmington
Louis L. Redding City/County Building
800 N. French St., 6th Floor
Wilmington, DE 19801

For inquiries, please call: (302) 576-3060

(NOTE: A separate application form, fee, and supporting documentation must be filed for each parcel)