



Form E
CITY OF WILMINGTON, DELAWARE
STORM WATER CREDITS RENEWAL APPLICATION

Request Number

I. General Information

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

II. Supporting Documentation Checklist

Check if any of the following attachments are included:	
<input type="checkbox"/>	As-Built Drawings (if changed)
<input type="checkbox"/>	Site Map / Plan (if changed)
<input type="checkbox"/>	Drainage Area Maps (if changed)
<input type="checkbox"/>	Written Description of Inspection and Maintenance Activities Performed During the Past Year
<input type="checkbox"/>	Maintenance Plan and Schedule
<input type="checkbox"/>	NPDES "Individual" or NPDES "General" Permit (if applicable)
<input type="checkbox"/>	Annual Renewal Fee of \$50.00 (Non-Refundable) Payable to the City of Wilmington

III. Owner Certification

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 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

