



Form CR-1

UNIFIED GOVERNMENT, KANSAS

STORMWATER UTILITY FEE CREDITS 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 Nominee:	City / State / Zip:	
Nominee Phone:	Stormwater Class (if available)	
Nominee Email:	Credit Request: Quantity <input type="checkbox"/> Quality <input type="checkbox"/> Discharge - Type I <input type="checkbox"/> or Discharge - Type II <input type="checkbox"/> Ratio <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
<input type="checkbox"/>	Pre-development and Post-development Calculations
<input type="checkbox"/>	Routing Calculations through the Facility or Control
<input type="checkbox"/>	Total Storage Volume of Facility or Control
<input type="checkbox"/>	Maintenance Plan and Schedule
Have you been through Development Review Process?	
<input type="checkbox"/>	Yes (Application Fee waived)
<input type="checkbox"/>	No (Please Attach Application Fee of \$95.00 (Non-Refundable))
<i>(Make Checks Payable to the Unified Government, Wyandotte County)</i>	

III. Engineer Certification

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

Registered Professional Engineer: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Engineer \_\_\_\_\_

\_\_\_\_\_ Date



Form CR-1  
 UNIFIED GOVERNMENT, KANSAS  
 STORMWATER UTILITY FEE CREDITS APPLICATION

<b>Request Number</b>
-----------------------

**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 stormwater credit will be based on the information provided and the Unified Government may revoke the credit if a later determination indicates that the information provided was inaccurate. I hereby grant permission for the Unified Government’s representative to enter the parcel without notice for the purpose of inspecting the facility/structure or system in the parcel for which stormwater credit is requested.

\_\_\_\_\_  
 Signature of Owner \_\_\_\_\_  
 Date

**V. FOR UNIFIED GOVERNMENT USE ONLY (To be completed by UG)**

Application Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Application Status:      Approved: \_\_\_\_\_      Denied: \_\_\_\_\_      Cancelled: \_\_\_\_\_

Credit Approved (%):      Quantity: \_\_\_\_\_      Quality: \_\_\_\_\_      Ratio: \_\_\_\_\_

Discharge – Type 1: \_\_\_\_\_      Discharge – Type 2: \_\_\_\_\_

Remarks:

Send the Completed Application and Supporting Documentation To:

The Director of Public Works  
 Attn. Stormwater Credits  
 Unified Government of Wyandotte County  
 701 N 7<sup>th</sup> St, Suite 712  
 Kansas City, KS 66101

For inquiries, please call: (913) 573-5400

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