



Form CR-2

UNIFIED GOVERNMENT, KANSAS

STORMWATER UTILITY FEE 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:	Stormwater Class (if available):	
Contact 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. 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
Are you submitting on or before the October 1st deadline? <input type="checkbox"/> Yes (Fee Waived) <input type="checkbox"/> No	
Within two months of the deadline, attach \$50.00 late renewal fee. After two months of deadline, attach \$95.00 late renewal fee. Late renewal fees are non-refundable.	
<i>(Make Checks Payable to the Unified Government, Wyandotte County)</i>	

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 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



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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

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

Application Received By: _____ Date Received: _____

Application Reviewed By: _____ Date Reviewed: _____

Application Status: Approved: _____ Denied: _____

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

Discharge – Type 1: _____ Discharge – Type 2: _____

Ratio: _____

Remarks:

Send the Completed Application and Supporting Documentation To:

The Director of Public Works
Attn. Stormwater Credit Renewals
Unified Government of Wyandotte County
701 N 7th 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)