



Town of Milton Stormwater Fee Credit Application

Instructions:

1. Forms must be signed by the financially responsible person if an individual, or if not an individual, by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person.

2. Mail the completed form to: Milton Dept. of Public Works
Engineering Department - Attn. Environmental Coordinator
525 Canton Avenue
Milton, MA 02186

Property Owner or Business Name: _____

Property Owner Address: _____

Property Owner Phone Numbers: Day: _____ Cell: _____

Authorized Contact (if different than property owner): _____

Authorized Contact mailing address: _____

Property Location: _____ Utility Account Number: _____

Type(s) of Stormwater Management on property: (check all that apply)

Dry wells, galleys (underground concrete structures)

Detention / Retention Basin

StormTech chamber(s) (underground HDPE structures)

Permeable pavement

Rainwater recovery tank

Other (describe): _____

Stormceptor® or equal

Installation Date of above: _____

Site Plan, hydrologic calculations or other documentation attached: Yes No

Has the Engineering Department reviewed your Stormwater Management Plan as part of a building or Special permit? Yes No

If yes, we will locate your permit file and copy the pertinent information.

I hereby request the Environmental Coordinator to review this application and I give authorization to enter onto my property for purposes of verifying this information. I certify that I have authority to make such a request and grant such authority for this property. I certify to the best of my knowledge that my property is in compliance with all environmental laws, rules and regulations of the Commonwealth of Massachusetts and bylaws of the Town of Milton. I agree to provide corrected information to the Town of Milton Department of Public Works should there be any change in the information provided herein. The information provided is true and correct to the best of my knowledge and belief. I agree to provide corrected information to the Town of Milton Department of Public Works should there be any change in the information provided herein.

Signature: _____ Date _____

Name: _____

Do not write in the shaded area (Utility Use Only)

Credit Approved (check one): Yes for _____% of Annual Fee No

If No, provide a brief explanation for denial:

Signature: _____ Name: _____

Title: _____ Date: _____