



FORM G - CREDIT RENEWAL APPLICATION

To **renew** a recurring discount against stormwater utility fees please complete and submit this form. Please also include the application fee for specific credit being requested. Refer to Table 2 in Section 6.

Property Owner Information (Please print or type)		Stormwater Utility Account #:
Name:		
Mailing Address: <i>(Street or PO Box #)</i>		
City, State ZIP Code:		
Phone:		
Email Address:		
Property Information (Please print or type)		
Parcel Address: <i>(if different from above)</i>		
Residential Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Credit Type Renewal Requested:
<ul style="list-style-type: none"> <input type="checkbox"/> Volume Reduction (Section 8.4) <ul style="list-style-type: none"> <input type="checkbox"/> 15% max. credit (1.00-inch rainfall stored) <input type="checkbox"/> 30% max. credit (1.60-inch rainfall stored) <input type="checkbox"/> Education (Section 8.6) <input type="checkbox"/> Rate Reduction (Section 8.3) <ul style="list-style-type: none"> <input type="checkbox"/> 15% max. credit (2 yr/24-hr and 25 yr/24-hour storms) <input type="checkbox"/> 30% max. credit (100 yr/24-hour storm) <input type="checkbox"/> Water Quality (Section 8.5) <ul style="list-style-type: none"> <input type="checkbox"/> 10% max. credit (50% TSS reduction) <input type="checkbox"/> 20% max. credit (75% TSS reduction) <input type="checkbox"/> Innovation (Section 8.8)



Owner (applicant) and Professional Engineer signature below affirm the following: <ol style="list-style-type: none"> 1. Applicant has read Sections 6 and 8 of the Credit and Grant Manual 2. Applicant gives City representatives permission to enter property to verify the best management practice is functioning as intended throughout the term of the credit 3. Applicant has maintained the Best Management Practice and it continues to function as intended 4. Applicant will maintain the Best Management Practice and submit the Annual Reports 	
Signature of Owner (Applicant):	Date:
Signature of Professional Engineer: <i>(Required for Rate Reduction and Water Quality credits)</i>	Date:
PE Name:	III. Professional Engineer #:

Renewal Request Submittal Information

Public Works, Attn: Stormwater
3505 North Dries Lane
Peoria, Illinois 61604

<https://peoriagov.org>
stormwater@peoriagov.org
(309) 494-8800

Reviewed By:	Approval Date:
<i>If the application is denied, inform the applicant in writing (by mail or email) the reason for the denial.</i>	Denial Date:



FORM H - ANNUAL REPORT

Property Owner Information (Please print or type)		Stormwater Utility Account #:
Name:		
Mailing Address: <i>(Street or PO Box #)</i>		
City, State ZIP Code:		
Phone:		
Email Address:		
Property Information (Please print or type)		
Parcel Address: <i>(if different from above)</i>		
Residential Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Maintenance Activities		
Best Management Practice type:	<input type="checkbox"/> Rain Garden <input type="checkbox"/> Pervious Pavement <input type="checkbox"/> Detention Basin <input type="checkbox"/> Other _____	
Maintenance Performed by Owner:	Date: _____ Describe what was done:	
Maintenance Performed by Owner:	Date: _____ Describe what was done:	

