



# City of St. Augustine

## STORMWATER CREDIT APPLICATION

### Public Works Department

Engineering Division  
City Hall - 75 King Street  
P.O. Box 210  
St. Augustine, FL 32085-0210

Phone: (904) 825-1040

Fax: (904) 209-4286

Email: [UtilConnect@citystaug.com](mailto:UtilConnect@citystaug.com)

This form is application for potential credit available for customers who have stormwater best management practices on their property. If a site was constructed and maintained following stormwater guidelines permitted by the City of St. Augustine, the St. Johns River Water Management District and/or the Florida Department of Environmental Protection, then the customer can apply for a maximum 30% credit reduction of their stormwater utility fee.

For Utility Billing Account questions, call (904) 825-1037 or email [UtilityBilling@citystaug.com](mailto:UtilityBilling@citystaug.com) to reach the City Customer Service Department.

SW Credit form Revised 06-30-2016

### ( ★ REQUIRED Information )

#### [Section 1] POINT OF CONTACT FOR THIS APPLICATION (Customer or Property Owner, or Authorized Representative)

★ Applicant's Name: _____		★ Daytime Phone #: _____	
Company or Business Name: _____		Fax #: _____	
Your <b><u>MAILING</u></b> address for return response by <b><u>mail</u></b> :		★ Email: _____	
★ Street or P.O. Box: _____			
★ City: _____	★ State: _____	★ Zip Code: _____	

#### ★ [Section 2] PROPERTY AND UTILITY ACCOUNT INFORMATION

★ Property Street Address: _____		Floor or Unit # (if applicable): _____	
★ City Utility Account #: _____		★ Customer Name: _____	
★ Current Monthly Stormwater Utility Fee: \$ _____		★ Property Owner Name: _____	

#### ★ [Section 3] STORMWATER PERMIT INFORMATION (Must provide at least one stormwater permit)

★ Facility Permit #: _____	Facility Permit #: _____	Facility Permit #: _____
★ Granting Entity:	Granting Entity:	Granting Entity:
<input type="checkbox"/> City of St. Augustine	<input type="checkbox"/> City of St. Augustine	<input type="checkbox"/> City of St. Augustine
<input type="checkbox"/> St. Johns River Water Management District (SJRWMD)	<input type="checkbox"/> St. Johns River Water Management District (SJRWMD)	<input type="checkbox"/> St. Johns River Water Management District (SJRWMD)
<input type="checkbox"/> Florida Department of Environmental Protection (FDEP)	<input type="checkbox"/> Florida Department of Environmental Protection (FDEP)	<input type="checkbox"/> Florida Department of Environmental Protection (FDEP)

★ Are the permitted stormwater facilities maintained in good working order in accordance with permit requirements? ☐ Yes ☐ No

Responses will typically be generated within two weeks from date of inquiry. Please allow time for this process.

*By submitting this form, Applicant hereby states that the information provided is true and correct to the best of Applicant's knowledge and belief. Submit this application by mail, fax, email, or in person, to the Public Works contact information listed at the top of the form. Attach additional information as needed. Submitting this application does not guarantee credit approval; nor does it commit the applicant to any further action. The City Public Works Department will respond to the person listed as the Applicant. Submitting incomplete or inaccurate information may delay response time.*

★ Signature of Applicant: \_\_\_\_\_ ★ Date: \_\_\_\_\_

#### CITY USE ONLY

Facility Stormwater Permit Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stormwater facilities found to be maintained in good working order in accordance with permit requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Granted (Maximum 30%): ____ % = \$ _____ Credit Reduction Amount	
Review Date: _____	
Reviewer Name: _____	Approval Signature: _____
Additional Notes: _____	