



UTILITY FEE CREDIT
Moncks Corner Stormwater Management



Owner Information

Name: _____ Address: _____

Phone: _____ E-Mail: _____

Applicant Information (if not owner)

All correspondence pertaining to this application will be directed to:

Name: _____ Address: _____

Phone: _____ E-Mail: _____

Property Information

Address: _____ TMS: _____

Credit Applied

Place a check next to the SCM credit being applied for and specify the percent of fee reduction applied for with this application

	Type of Credit	% Reduction Applied to Property
<input type="checkbox"/>	Cistern	
<input type="checkbox"/>	Rain Garden	
<input type="checkbox"/>	Pervious Pavement	
<input type="checkbox"/>	Vegetated Filter Strip	
<input type="checkbox"/>	Peak Discharge Rate Reduction	
<input type="checkbox"/>	Runoff Volume Reduction	
<input type="checkbox"/>	Quality Treatment	
<input type="checkbox"/>	Low Impact Parcel	
<input type="checkbox"/>	Education	
<input type="checkbox"/>	Industrial NPDES Permit	
<input type="checkbox"/>	Watershed Stewardship	

Narrative

Attach a narrative describing your proposed and/or existing measures for which credit is being applied for in as much detail as possible. The Town of Moncks Corner reserves the right to require additional information to support your proposed fee credit.

Supporting Calculations

Attach all supporting calculation and any other information required by the Credit Manual. The Town of Moncks Corner reserves the right to require additional information concerning necessary calculations for determination of appropriate proposed fee credit.

Operation and Maintenance Requirements

_____ A Maintenance Covenant has been previously recorded for this property, has been sufficient for continued maintenance, and is up to date as of the time of this application. O&M Agreement is recorded as follows

Book _____ Pages _____

_____ A Maintenance Covenant has not been recorded for this property. Attach a completed and signed Maintenance Covenant for review . This application will be held until these items are approved and recorded.

Book _____ Pages _____

Signature of Financially Responsible Party

By signing below, I understand that receipt of a stormwater utility fee credit is contingent upon my actions as follows:

- 1. I (or my representative) must operate and maintain the SCM as described in the recorded Operation & Maintenance Covenant.
- 2. I must submit an annual SCM inspection report to the Moncks Corner Stormwater Manager by August 30th of each year.
- 3. I (or my representative) must correct any deficiencies identified in the annual SCM inspection report.
- 4. I must submit an annual credit renewal application along with the SCM inspection report. must abide by all terms and conditions described in the manual to maintain credit eligibility.

Signature of Owner/Authorized Representative

Date

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

I _____, a notary public in and for said county and state, certify that _____ personally appeared before me this day, stated that he/she is _____ of

_____ and is _____

of _____, and acknowledged the execution of the foregoing instrument on behalf of said authority.

Witness my hand and official seal, this is the _____ day of _____, 20_____.

My commission expires: _____

Notary Public (Signature)

(seal)

Notary Public (Printed Name)

Post Construction

Provide as-built drawings of structural SCMs per the Town of Moncks Corner Stormwater Management Program specifications.

Post-Construction Certification:

For newly constructed structural SCMs, historical SCMs without recordation or retrofits for which credit is sought, a competent registered professional engineer or landscape architect must sign and seal the following statement after construction or installation of retrofits.

I hereby certify that the stormwater management system of _____ has been constructed substantially per the design described in the Stormwater Utility Credit Application approved by the Town of Moncks Corner on _____. I further certify that any discrepancies between the as-built condition and the approved design are incidental and have no effect on the system meeting the approved design intent.

Signature of Applicant

Date

Printed Name