



STORM WATER UTILITY FEE REQUEST FOR ADMINISTRATIVE REVIEW

No. _____ - _____

In accordance with the Castle Rock Municipal Code Chapter 13.30 Stormwater Management Program Article 13.30.060, Paragraph B, customers are entitled to appeal for an adjustment of the stormwater utility fee for non-single-family properties. Please complete the form and submit to the Utilities Dept., Attn: Stormwater, 175 Kellogg Court, Castle Rock, CO 80109. The Town of Castle Rock will respond to your request within 45 days after receiving a complete submittal. You are required to pay the full amount outstanding while your request is being processed. If the review is favorable, your account will be credited as of the date of this request.

Reviews are for non-residential and multi-family residential properties where the applicant can document that less than 80% of the entire property is impervious. Impervious is defined in the Ordinance as:

"Those areas with impervious surfaces that prevent or impede the infiltration of storm water into the soil as it entered in natural conditions prior to development. Common impervious surfaces include, but are not limited to, roof tops, sidewalks, walkways, patio areas, driveways, parking lots, storage areas, compacted gravel and soil surfaces, awnings and other fabric or plastic coverings, and other surfaces that prevent or impede the natural infiltration of the storm water run off which existed prior to development..."

Date: _____ Account # _____

Applicant's Name: _____ Phone # _____

Business Name: _____

Billing Recipient (if different from above): _____

Billing Address: _____

Property Address (if different from above) _____		
<input type="checkbox"/> Non-Residential	<input type="checkbox"/> Multi-Family Residential	Property Size _____ Sq. Ft.
Total Impervious Area on the Property _____ Sq. Ft.		Percent Impervious Area: _____
<i>(Attach calculations, drawings, survey data, aerial or other photographs to document your request)</i>		

Applicant's Signature: _____

For Official Use

Date Received Complete Package: _____ Recommended for Approval Approval as noted Denial

Comments: _____

Approved Denied

Director of Castle Rock Water

Date