

Radnor Township Stormwater Program and User Fee Appeal Application

This application is for property owners to appeal their stormwater fee with regard to billing errors or inaccuracies. Pertinent sections must be filled out in their entirety. Please submit one application per parcel to:

Radnor Township Stormwater Appeals
301 Iven Avenue
Wayne, PA 19087

Applications must be received within 30 days of the charge being mailed or delivered to the property owner.

Date:

Stormwater Account No.:

Property Owner Information:

Applicant Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Property Address: _____

Reason for Appeal (Check Applicable):

- | | |
|--|---|
| <input type="checkbox"/> Incorrect property information | <input type="checkbox"/> Inaccurate tier assignment (SFR) |
| <input type="checkbox"/> Incorrect property classification (SFR/ODP) | <input type="checkbox"/> Inaccurate impervious surface/BU (ODP) |
| <input type="checkbox"/> Other | |

Application Checklist: Please include the following documents with this application:

- Complete and Signed Application
- Written statement regarding the nature of the appeal (see Page 2)

If the appeal for an **ODP classified property** and is related to the amount of impervious surface/BU value, the following additional documentation must be provided:

- Plot plan, map, aerial image or similar information detailing actual impervious surfaces currently on-site.
- Requested value, in the applicant's opinion, for the correct impervious surface/BU value associated with the property for which an appeal is being requested.

If the appeal for an **SFR classified property** and is related to the residential tier assigned, the following additional documentation must be provided:

- Plot plan, map, aerial image, property deed, county record, or similar information detailing actual property lot size.
- Requested value, in the applicant's opinion, for the correct impervious surface/BU value associated with the property for which an appeal is being requested.

Appeal Description (Please provide detailed information as to the error with your stormwater user fee bill and the correct information to your knowledge. Attach additional sheets if necessary):

"I attest that the information included in this application is complete and accurate."

Signature _____
Note: the applicant must be current with their stormwater fees in order for the appeal application to be considered complete.



FOR TOWNSHIP USE ONLY

Received by: _____ Date received: _____

Reviewed by: _____ Date received: _____

Application administratively complete

Appeal Determination

Granted

Denied

Fee Adjustment

Initial Fee: _____ Amount of Adjustment: _____