TOWN OF BELLINGHAM
STORMWATER FEE CREDITS APPLICATION

APPLICANT INFORMATION: **DATE:**_____

APPLICANT:_____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CELL PHONE:_____ EMAIL_____

PROPERTY INFORMATION:

STREET ADDRESS _____

ASSESSORS: MAP _____   PARCEL _____

CURRENT IMPERVIOUS AREA_____SQ. FT./ CURRENT ERU_____

BRIEF DESCRIPTION OF STORMWATER BMP OWNED & OPERATED ON THE PARCEL
_____
_____

Complete Steps to Calculate SWUF Credit on Page 2
Attach detailed backup information: plans, calculation, etc.

I, _____, certify that I am a licensed professional engineer
                            PRINT NAME
and information I have submitted on behave of the property owner is true and accurate and calculations of
nutrient load reduction are in accordance with Appendix F of the Massachusetts Municipal Separate Storm
Sewer System General Permit and that BMPs are designed and constructed in accordance with the
Massachusetts Storm Water Handbook.

Signed: _____Date:_____   (SEAL)

I, _____, am the owner(s)* of the parcel noted above and I
                            PRINT NAME
will continuously maintain the BMPs on my property noted in the attached documentation submitted
with my application in accordance with the Massachusetts Storm Water Handbook.

Signed: _____Date:_____

*Submit documentation confirming the authority to sign if not a sole owner(s).

Xxxxxxx   SHADED AREA TO BE COMPLETED BY THE DPW   xxxxxxX

APPLICATION RECEIVED BY THE DPW

BY _____ **Date**_____

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Steps to Calculate SWUF Credits

1	Calculate Baseline Phosphorus Load using 2005 Land Use	A	lbs/year
2	Calculate Current Phosphorus Load using present Land Use	B	lbs/year
3	Calculate Phosphorus Removal from Structural BMPs	C	lbs/year
4	Calculate Phosphorus Removal from Non-Structural BMPs	D	lbs/year
5	Total Phosphorus Reduction (lbs/year): C + D – (B – A) =	E	lbs/year
6	Total Credit: E x $500 =	F	$/year

List of Attachments plans, calculation, etc :

Xxxxxxx   SHADED AREA TO BE COMPLETED BY THE DPW   xxxxxxX

Credit approved in the amount of _____/ year

Credit request denied: Reason _____

BY _____ Date_____