



capitalregionwater.com  
888-510-0606

## Stormwater Fee Adjustment Appeal

### Appeal Instructions

1. This form is provided to Capital Region Water Ratepayer who believe the Impervious Area (IA) calculation for their Property is incorrect. Ratepayers should also use this form if it is believed that Stormwater Fee has been assigned for a parcel they don't own.
2. Please fill out all sections of the form, except for the last section marked "For Capital Region Water Use Only".
3. You may attach supporting documentation to the form. Please note that any submitted documentation will not be returned to the Ratepayer.
4. A CRW representative will review the Stormwater Fee Adjustment Appeal within five (5) business days of receipt of the completed form.
5. Approved adjustments will be applied to the current stormwater bill and all future billings.

During the Assessment Phase of the Program (March 9, 2020 to Sept 1, 2020) adjustments will be applied to the first bill issued in October 25, 2020.

### Verification of Appeal Information

All appeals will be subject to verification via geographic information systems using aerial photography and or satellite imagery. At the discretion of Capital Region Water Stormwater Program staff, a site visit may be conducted for ground measurement of the impervious surface in question.

Property owners may not appeal the inclusion of gravel surfaces as an impervious surface on their stormwater fee. Refer to our FAQ <https://capitalregionwater.com/stormwater-fee/> for more information.

Capital Region Water's Stormwater Program staff will review the Stormwater Fee Adjustment Appeal, and a response will be mailed to the address as indicated under the contact information provided below. Please allow sixty (60) days from the delivery of the appeal form for a reply. If Capital Region Water fails to respond, the appeal shall be deemed denied.

Approved adjustments will be applied to the current Stormwater bill and all future billings, unless during the assessment phase of the Program as outlined above.



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## Stormwater Fee Adjustment Appeal

### Appeal Information

(Check all the boxes that apply and provide documentation where indicated)

Type of Appeal:

Impervious Surface Calculation     Ownership

Property Type:

Residential     Non-Residential

Ratepayer IA Estimate (optional): \_\_\_\_\_

**Location:** Impervious surfaces or structures are not at this location.

Please describe your appeal in the fee appeal description area provided on page two of this form. Please indicate the location of the surfaces or structures in question as identified and billed by Capital Region Water, then indicate the location of the surfaces or structures as to where you believe them to be located.

**Existence:** Impervious surfaces or structures whose existence or identification is believed to be incorrect as billed.

Please describe your appeal in the fee appeal description area provided on page two of this form. Please indicate which structures or surfaces that have been either removed by you or which structures or surfaces have been misidentified by Capital Region Water on your stormwater utility bill. Please include a photo of the area in question either in printed form or attached in digital form to an email.

**Area:** Impervious surfaces or structures differ in size than billed.

#### Residential

**Tier 1 and Tier 2 Parcels** – Please provide the measurements of all impervious surfaces at this location on an attached sketch or a certified survey or recorded plat created within the past 12 months, indicating the area in square feet of all impervious surfaces on the property.

**Tier 3 Parcels** – Please provide a copy of a certified survey or recorded plat created within the past 12 months, indicating the area in square feet of all impervious surfaces on the property. A sketch with the measurements of all impervious surfaces may acceptable for smaller Tier 3 properties.

#### Non-Residential

Please provide a copy of a certified survey or recorded plat created within the past 12 months, indicating the area in square feet of all impervious surfaces on the property.

**Incorrect Stormwater Tier:** Tier category for this parcel incorrectly assigned based on impervious area for the parcel. Please provide the same documentation as in "Area" above.

**Construction:** Impervious surfaces in question are identified incorrectly or have been specifically engineered to be pervious (or porous) as defined by the PA Stormwater BMP Manual.



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## Stormwater Fee Adjustment Appeal

**Multiple Water Accounts – Reallocation of Stormwater Charge:**

Please provide a list of account numbers and the preferred allocation of impervious area per account number. Capital Region Water’s Customer Services and Billing will review and make the requested account adjustments. Please allow 60 days from delivery of the appeal form for the billing adjustments to be reflected in the bills.

### Ratepayer Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Billing Street Address:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Additional Supporting Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification

I certify that the information contained in the form is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow Capital Region Water Stormwater Program staff or inspectors on site to review and verify the above information.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

**Please complete and return to:**

**Capital Region Water**  
**Attn: Stormwater Program – Appeals**  
**3003 North Front Street**  
**Harrisburg, PA 17110**  
**Email: [stormwater@capitalregionwater.com](mailto:stormwater@capitalregionwater.com)**



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Stormwater Fee Adjustment Appeal

Capital Region Water Use Only

- CRW SW Staff Assigned
- Site Visit Conducted
- Notes (Please see attached sheet)
  
- Corrected impervious area
- Corrected Tier
- Date correction made to billing/official correspondence sent to customer
  
- Petition for Review Denied:                      Date Denied: \_\_\_\_\_  
Reason for Denial:  Insufficient information    Tier correct    Other \_\_\_\_\_

- Petition for Review Approved                      Date Approved: \_\_\_\_\_
- Appeal Requested    Date: \_\_\_\_\_
- Appeal Heard by Appeals Board                      Date: \_\_\_\_\_
- Appeal Denied    Date Denied: \_\_\_\_\_
- Reason for Denial: \_\_\_\_\_

- Appeal Granted    Date Approved: \_\_\_\_\_
- Action Approved: \_\_\_\_\_