

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.

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/what-we-do/cbh2o/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.



Stormwater Fee Adjustment Appeal

Appeal Information				
Check all the boxes that apply and provide documentation wh	nere 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 a the location of the surfaces or structures in question as ide the location of the surfaces or structures as to where you	ntified and billed by Capital Region Water, then indicate			
☐ Existence: Impervious surfaces or structures whose existence or identification is believed to be incorrect as bille				
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 questice 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 a attached sketch or a certified survey or recorded plat created within the past 12 months, indicating the area square feet of all impervious surfaces on the property.				
Tier 3 Parcels – Please provide a copy of a certified surve indicating the area in square feet of all impervious surface all impervious surfaces <u>may</u> acceptable for smaller Tier 3 p	es on the property. A sketch with the measurements of			
Non-Residential	t are stand within the past 12 months in disatives the same			

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.

ENG:CM&MS



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☐ Multiple Water Accounts – Reallocation of Stormwater Charge:				
Capital Region Water's Custom	nt numbers and the preferred allocation on ner Services and Billing will review and ma very of the appeal form for the billing adju	ake the requested account adjustments		
Ratepayer Information				
Name:	Date:			
Email:	Phone:			
Account Number:				
Billing Street Address:	_			
Address Line 2:				
City, State, Zip:				
Additional Supporting Informati	on:			
Certification				
Certification				
<u> </u>	ined in the form is, to the best of my knowling below, I agree to allow Capital Regionarity the above information.			
Signature of	f Requester	Date		
Please complete and return to:	Capital Region Water Attn: Stormwater Program – Appeal 3003 North Front Street Harrisburg, PA 17110	s		

Email: stormwater@capitalregionwater.com

ENG:CM&MS



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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 ______ Date Approved: _____ □ Petition for Review Approved Date: _____ □ Appeal Requested □ Appeal Heard by Appeals Board Date: ____ Date Denied: _____ □ Appeal Denied Reason for Denial: □ Appeal Granted Date Approved: _____

Action Approved: _____