

## STORMWATER MANAGEMENT FEE REVIEW AND/OR ADJUSTMENT FORM

**Complete and return this form to:**

City of Lancaster  
 Department of Public Works  
 120 North Duke Street, P.O. Box 1599  
 Lancaster, PA 17608-1599  
 Phone: 717-291-4739; Fax 717-291-4772  
<http://cityoflanasterpa.com/government/stormwater>  
 Email dblack@cityoflanasterpa.com

**1. PROPERTY OWNER INFORMATION**

Owner's Name \_\_\_\_\_

Project Address \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_ Email \_\_\_\_\_

Water Utility Account Number: \_\_\_\_\_

Tier<sup>1</sup>: \_\_\_\_\_ Impervious Area<sup>1</sup>: \_\_\_\_\_

<sup>1</sup>Tier and Impervious Area (IA) information can be found on the Stormwater Management Fee Notice of Assessment

Fee: Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Type of Appeal:** (Check all the boxes that apply and provide documentation where indicated)

- 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 the City 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.  
**Tier 1 to 3 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 4 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. Go to <http://cityoflanasterpa.com/government/stormwater> for descriptions of impervious surfaces.
- Incorrect Stormwater Class (Tier):** Tier category for this parcel incorrectly assigned based on impervious area for the parcel. Please provide the same documentation as in "Area" above.

**Appeal Description Area:** *(please attach additional sheets and photographs if necessary)*

**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 the City of Lancaster 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. In addition, the presence of stormwater facilities, including but not limited to green roofs and porous pavers, are eligible for a stormwater management fee credit and therefore are not eligible for an adjustment.

All appeals will be reviewed by the Stormwater Program staff, and a response will be mailed to the address as indicated under contact information above. Please allow 30 days from the delivery of the appeal form for a reply.

**Certification**

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

---

Signature

Print Name and Date

For City of Lancaster Use Only:

---

DPW Staff Person Assigned. Name: \_\_\_\_\_

Site Visit Conducted. Date: \_\_\_\_\_

Notes (attach separate sheet if necessary)

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: \_\_\_\_\_

Corrected impervious area (square feet)

Corrected Tier

Date correction made to billing/official correspondence sent to customer