



City of Lynchburg Stormwater Impervious Surface Coverage Appeal Form

Name _____ Parcel ID _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Reason for Appeal:

- Inaccurate original impervious area calculations** (Drawings/sketch/plans with calculations attached to this document must be certified by a licensed engineer or surveyor.)

Description of problem _____

Corrected Total Impervious Area (sq ft) _____

- Impervious area removed** (Drawings/sketch/plans with calculations attached to this document must be certified by a licensed engineer or surveyor.)

Description of problem _____

Description of location and type of impervious surface removed _____

Total impervious area removed (sq ft) _____

Date removed _____

Corrected impervious area (sq ft) _____

- Type of adjustment requested:**

Incorrect property information
New owner name _____

Mailing address _____

Date Property sold: _____

- Incorrect Stormwater Class**

Type of Development (Single-family residence, duplex, etc)

Incorrect parcel (attach documentation)

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 Lynchburg stormwater staff or inspectors on site to review and verify the above information.

Signature

Print Name and Date

For City of Lynchburg Use Only:

- WR staff person assigned _____
- Site visit conducted _____
- Notes (attach separate sheets if necessary) _____
- Corrected impervious area (sq ft) _____ Corrected SFUs _____
- Corrected property class _____
- Date correction made to billing/official correspondence sent to customer _____
- Appeal Denied** **Date Denied** _____
- Insufficient information Property class correct Other _____
- Reason _____
- Appeal Approved** **Date Approved** _____