



# Non-Residential/Multi-Family Credit Renewal

## Applicant Information

Full Name: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
(if different than property address)

Parcel ID Number \_\_\_\_\_

## Credit Information

**This form is only for properties that have an existing stormwater credit. It may not be used for an initial application.**

<p>In the last year, has there been any new construction surrounding the measure?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If Yes, please explain: _____</p>	<p>In the last year have changes been made to the measure?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If Yes, please explain: _____</p>
<p>Is your annual inspection up to date?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not Applicable</p>	<p>Has any new impervious area been added?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If Yes, please explain: _____</p>

Please include a photograph of the measure unless already attached to annual inspection report.

## Owner Certification

By signing below, I hereby certify that I own or manage the property and I further declare, under penalty of perjury, that the information provided by me in this application is the truth to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail To:  
 525 Taylor Street  
 Attn: Stormwater Management  
 Lynchburg, Virginia 24501