



Sketch of property showing location of BMPs

Blank area for sketch of property showing location of BMPs.

Owner certification

By signing below, I hereby certify that I own or live at 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: \_\_\_\_\_

Mail to:

City of Lynchburg Department of Water Resources  
Attn: Stormwater Management  
525 Taylor Street  
Lynchburg, VA 24501

Or email to: [stormwaterbmp@lynchburgva.gov](mailto:stormwaterbmp@lynchburgva.gov)

**P.S. Please include at least one photo of each Best Management Practice installed.**