



FOR OFFICE USE ONLY Date Received: _____ Permit #: ____ Approved by: City Eng___ DPW__ EHU Adjustment: ____ Reimburse to: ____

Application for Stormwater Adjustment Form #PWU002 (rev. 11/16)

Date: __

Fee: \$25				
Applicant Information (Individual or Financially	Responsible E	ntity):		
Name:				
Address:				
City:	State:	Zip:		
Contact Person Information:				
Name:				
Email:	· · · · · · · · · · · · · · · · · · ·	Phone Nun	nber:	
Property Information (Please attach additional	sheets if more t	han one pa	rcel):	
Parcel Number:	Property Loca	ation/Addres	ss:	
Reason for requesting an adjustment: Correction New/Mo	odified Construc	tion	Site Alteration	
§8.07 A. "Any property owner may apply for an adjustment to measurements on which the EHU calculation is based are in		d to the owner	's property if the property owner believes th	nе
				_
Supporting documentation included (if applicable Survey Sketch		Drawing pla	ans	
All of the above information is complete, correct and true to the should there be any changes in the information provided her individual. If not an individual, then signed by an officer, direct 3.3. of the City of Kenosha Code of General Ordinances: "O Director shall have thirty (30) calendar days within which to rouse the decision by first class mail addressed to the individual shall include the grounds for denial."	rein. (This form mus ctor, partner or regis once a completed re- render a written dec	t be signed by stered agent wi quest and all re ision. The Dire	the financially responsible party, if an ith authority to execute instruments.) § 8.0 equired information is fully submitted, the actor shall notify the requesting owner in wr	7 riting
Print Name:			Date:	
Signature:		Title or Auth	ocrity:	

Return this form along with payment to:

City of Kenosha, Stormwater Utility 625 52nd St – Room 305 Kenosha, WI 53140