

Date Received: _____

Credit Application ID: _____



City of Harrisonburg, Virginia
Department of Public Works
320 East Mosby Road
Harrisonburg, VA 22801
540-434-5928
stormwater@harrisonburgva.gov

Regional Stormwater BMP Agreement Form

Parcel Information – Location of BMP

Tax Map Parcel Number: _____

Parcel Street Address: _____

Type of BMP: _____

Total Number of Property Owners Sharing Obligations & Costs: _____

Property Owner #1 Information*

(*This person is the primary point of contact regarding this application. The stormwater BMP described above is located on property owned by this person or business.)

Owner Name (Last, First, M.I. or Business): _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

If Business, Contact Name (Last, First, M.I.): _____

Phone Number(w/Area Code): (_____) _____ Email: _____

I hereby certify that I share maintenance obligations and costs for the BMP listed above, and that the supplied information is true and correct to the best of my knowledge.

Owner Printed Name

Owner Signature

Date

Property Owner #2 Information

Owner Name (Last, First, M.I. or Business): _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

If Business, Contact Name (Last, First, M.I.): _____

Phone Number(w/Area Code): (_____) _____ Email: _____

I hereby certify that I share maintenance obligations and costs for the BMP listed above, and that the supplied information is true and correct to the best of my knowledge.

Owner Printed Name

Owner Signature

Date

If there are more than 2 owners, attach additional sheets.

FOR CITY USE ONLY

Application administratively complete Yes No

Reviewed by: _____ Date: _____