

Structure Certification Form

FILL OUT THIS FORM ONLY IF THE STRUCTURE HAS NOT ALREADY BEEN ACCEPTED INTO THE CITY'S INSPECTION SYSTEM

Applicant Name: **Date:**

Property Information:

Owner

Street

City, State, ZIP Code

Property Type Choose an item.

Structure Type:

Year Built:

Design Standard:

Impervious Area Treated (SF):

Sediment Reduction Efficiency (if applicable)
(%):

General Condition:	Yes	No	N/A
Is the primary outfall pipe/ ditch clear and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the inflow pipes/ ditches clear and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the water quality pool at the correct height (if present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water quality pool control weirs, pipes, etc. working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are emergency overflow devices clear and functional (if present)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the structure clear of sediment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the structure clear of trash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are embankments free of erosion, woody vegetation (unless called for in the design), animal burrows, or signs of deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is vegetation being managed in a manner appropriate to the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certification

This certification must be made by or under the guidance of a licensed professional engineer, landscape architect, or other professional recognized by the City to make this certification.

- Based on a visual inspection of the above facility conducted on I certify that the structure is currently functioning as designed.
- I certify that the total impervious area served by the structure is true and accurate.

Attach documentation of the structure inspection, including photographs.

Name:

Qualification:

Address of Inspector:

Email:

Phone:

Signature _____ **Date** _____

Return this form and supporting documentation to:

Department of Public Works
City of Bethlehem
10 E. Church Street
Bethlehem, PA 18018

or:

Stormwaterfee@bethlehem-pa.gov

Appeals Application Form

FILL OUT THIS FORM FOR EACH PARCEL

Applicant Name:

Date:

Property Information:

Owner

Street

City, State, ZIP Code

Property Type

Choose an item.

Mailing Address: (if different from property address)

Street

City, State, ZIP Code

Email Address:

Phone Number:

Parcel ID #

Utility Account #:

Utility Bill Date:

Stormwater Fee:

Reason for Appeal (Check Applicable):

- Incorrect parcel classification
- Incorrect square footage of impervious surface
- Mathematical error in calculating the fee
- Misapplication of an approved credit

Checklist (documents to include with this application)

- Complete and signed Stormwater Fee Appeal Application

For appeals related to the amount of impervious surfaces or number of ERUs, the following additional documentation must be included:

- A plot plan, map, aerial image, or similar information detailing actual impervious surfaces currently on-site.
- Proposed correction, in the applicant's opinion, of impervious surface measurement or number of ERUs associated with the property for which an appeal is being requested.

Appeal description:

Please provide a detailed written statement of the nature of the appeal in the box below or as a separate attachment:

Proposed correction for incorrect classification:

Original Classification

- Single Family Residential
- Non-Single Family Residential/Commercial
- Undeveloped/Not billed
- Group Parcel

Proposed Classification

- Single Family Residential
- Non-Single Family Residential/Commercial
- Undeveloped/Not billed
- Group Parcel

Proposed correction of impervious surface measurement, number of ERUs, or credit:

Please provide supporting information and calculation in the box below or a separate sheet:

Signature _____ **Date** _____

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