

APPLICATION FOR SURFACE WATER ASSESSMENT ADJUSTMENT

PLEASE MAIL COMPLETED FORM AND ALL REQUIRED DOCUMENTATION TO

Pinellas County Surface Water Assessment

22211 US 19 N – Building 10

Clearwater, FL 33765

FOR QUESTIONS OR APPOINTMENTS, PLEASE CALL (727) 464-8759

SECTION A - APPLICANT INFORMATION

Property Owner Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email address:

SECTION B - PROPERTY INFORMATION

Name of Property (e.g. Development or Subdivision):

Parcel Identification Number (PIN):

Site Address:

City:

State:

ZIP Code:

SECTION C – DETAILS OF REQUEST FOR ADJUSTMENT

Type of Property Single Family Multi Family Non Residential

Currently Billed Impervious Area (Sq. Feet):

Proposed Impervious Area (Sq. Feet):

Detailed Description of Reason for Adjustment Application:

Please attach any property maps or measurements that may be needed to determine your adjustment. A detailed topographic survey or other site specific information may be required.

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SECTION D – APPLICATION CHECKLIST

Complete application requesting an Adjustment

Evidence supporting the basis for the adjustments (photos, plans, etc) including the opinion of a certified professional engineer or surveyor where applicable

Incomplete applications will be denied and must be resubmitted. Please note that the County reserves the right to request additional information if necessary.

SECTION E – CERTIFICATION STATEMENTS

SIGN BELOW CERTIFYING THAT YOU HAVE READ THE FOLLOWING STATEMENTS AND UNDERSTAND EACH ONE:

I hereby certify that the information in this application is truthful and accurate.

I hereby grant the Pinellas County access to the property referenced in this document to confirm any of the information stated in this application to determine my adjustment.

Owner or representative's Signature: _____ Date: _____

For multiple owners, representative responsible for management shall sign.

SECTION F – OFFICE USE ONLY

Received by the Pinellas County, Florida, this _____ day of _____, 20 ____.

Application reviewed on this _____ day of _____, 20 ____.

Application reviewed by: _____

Determination of Adjustment: **Currently Billed Impervious Area:** _____ **Square Ft**

Revised Impervious Area: _____ **Square Ft**