

Pulaski Township

Stormwater Fee Appeal Application

This application is for property owners to appeal their stormwater fee with regard to billing errors or inaccuracies. Pertinent sections must be completed in entirety. To initiate the review of the appeal, please submit one application per property to the Township Secretary at the following address:

**3401 Sunflower Road
New Brighton, Pennsylvania 15066**

Applications must be received within 30 days of the charge being mailed to the property owner.

Date: _____ Parcel No.: _____

Property Owner Information:

Applicant Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Property Address: _____

Reason for Appeal:

Calculation of Impervious Area or Equivalent Residential Units

Incorrect Property Designation

If appeal is related to impervious area calculations, please include the following additional documentation:

The Owner's estimate of the total impervious area based on supporting documentation. As defined in the Pulaski Township Stormwater Management Fee Resolution, fee assessment is based on Equivalent Residential Units (ERUs), where one ERU is equal to 2,700 square feet of impervious area.

All supporting documentation, including to but not limited to, plot plan, map, aerial photograph, as-builts, or similar information to support estimated impervious area

Appeal Description

Please provide detailed description as to the error in the stormwater fee bill and provide the correct information, to the best of your knowledge.

The Appeal Applicant hereby certifies that the statements made herein and representations contained in all accompanying matter as part of this application are true and correct and the applicant is the Owner of the property identified herein. The Applicant/Owner shall be responsible for reviewing and fully understanding all provisions of the Pulaski Township Stormwater Management Fee Ordinance. The Applicant/Owner grants Pulaski Township Officials the right to enter onto the property for the purpose of inspection and verification of the statements made herein.

Signature: _____

FOR TOWNSHIP USE ONLY

Received By: _____ Date Received: _____

Application Complete

Reviewed By: _____ Date Reviewed: _____

Appeal Granted

Appeal Denied

Description of Adjustment: _____