

# Town of Chapel Hill

## Stormwater Management Fee Redistribution Request



### Information on Owner's Association or Designated Agent:

(In the absence of an owner's association or designated agent please provide other contact information.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Development Information:

Development Name: \_\_\_\_\_

Location: \_\_\_\_\_

### Indicate the Billing Option selected:

**Option 1:** Consolidated billing to an association or designated agent (listed above).

The fee for the entire development would be calculated from the sum of all impervious surface areas on private and common property, and the association or designated agent would receive a single consolidated bill.

**Option 2 (default option):** Billing shared equally by unit owners.

The fee for the entire development would be calculated from the sum of all impervious surface areas on both private and common property. The fee for each unit would be the total fee divided by the number of units. Owners would get one bill for each unit; an association that may own common property in the development would not be billed.

**Option 3:** Shared billing between unit owners and an association or designated agent.

The fee for impervious square footage on common areas would be calculated and billed to the association separately from the fee for private property. The remaining impervious surface areas on private properties would be summed, and the total fee would be divided by the number of units to get the fee for each unit. If this option is selected, common area must be clearly delineated on a map accompanying this form.

**Option 4:** Proportional billing of unit owners.

The fee for the entire development would be calculated from the sum of all impervious surface areas on both private and common property. To determine the fee for each unit, the total fee would be divided proportionally according to each unit's share of square footage inside a building (interior floor area) as compared to the total interior floor area within the development as a whole. If this option is selected, interior floor area square footage for each owner's property, plus the total interior floor area for the development, must accompany the request to change the fee distribution.

Mail or deliver forms and documentation to the address below **by February 28, 2005**. Fee redistribution requests missing required information will be returned to the applicant as incomplete.

**Please include owner and parcel information as shown on the reverse of this form.**

Stormwater Management Program  
209 North Columbia Street  
Chapel Hill, NC 27514

Billing Change Requests will be reviewed by Stormwater Management staff, and a response will be mailed to the address indicated above. Please allow 6 weeks from the delivery date for a reply. This billing change will apply only to 2005 (and subsequent) stormwater management fees. For more information, please visit the stormwater website <http://townhall.townofchapelhill.org/stormwater/>.

## Fee Redistribution Request - Owner and Parcel Information

Please list the owner of each unit and parcel in the development. (This page may be copied to accommodate all property and owner information.)

**Total Interior Floor Area for the Entire Development (sq ft) (Option 4 only):** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Common Area? yes  no

Unit number/address (non-common areas): \_\_\_\_\_ Interior floor area (sq ft) (Option 4 only): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Common Area? yes  no

Unit number/address (non-common areas): \_\_\_\_\_ Interior floor area (sq ft) (Option 4 only): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Common Area? yes  no

Unit number/address (non-common areas): \_\_\_\_\_ Interior floor area (sq ft) (Option 4 only): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_ Common Area? yes  no

Unit number/address (non-common areas): \_\_\_\_\_ Interior floor area (sq ft) (Option 4 only): \_\_\_\_\_