

**CITY OF HOLLY SPRINGS STORMWATER UTILITY
STORMWATER SERVICE FEE - CREDIT APPLICATION FORM**

Applicant's Name: _____ Parcel ID No. (see Property Tax Bill)*: _____

Property Address*: _____

Phone Number: _____ E-mail: _____

Mailing Address (if different): _____

*if application applies to multiple parcels, include a separate sheet listing all Parcel ID #'s and property addresses for which the credit will apply.

Credit Category	Percent Credit Available		Percent Credit		Term ⁽⁴⁾ (Years)
	Residential	Non-Residential	Requested	Approved	
WATERSHED STEWARDSHIP PRACTICES					
Public Participation	Up to 10%	Up to 10%			1
Non-Residential School Education (Curriculum@ % (Activities@ %)	-----	Up to 30%			1
Low Impact Parcels =(_____ ft ² impervious/ _____ ft ² parcel)= _____ % impervious	Up to 10%	Up to 10%			3
Rain Barrels (photos of installed barrels & a map must be submitted)	Up to 10%	Up to 10%			3
Residential Rain Garden/Bioretention Facility	Up to 30%	-----			3
BEST MANAGEMENT PRACTICES (BMP Program)					
Water Quality	Up to 10% ^(1,3)	Up to 10% ^(1,3)			3
Channel Protection	Up to 10% ^(2,3)	Up to 10% ^(2,3)			3
Peak Flow	Up to 10% ^(2,3)	Up to 10% ^(2,3)			3
TOTAL PERCENT CREDIT (CANNOT EXCEED 40%)					

⁽¹⁾ Percent credit is based on the portion of Total Suspended Solids (TSS) the practice removed based on the requirements stipulated in the *Georgia Stormwater Management Manual* and calculated by the *Metropolitan North Georgia Water Planning District Site Review Spreadsheet Tool*.

⁽²⁾ Percent credit is based on the portion of calculated volume the practice provides, based on the requirements stipulated in the *Georgia Stormwater Management Manual*.

⁽³⁾ Development Permit Numbers associated with credit application must be identified below.

⁽⁴⁾ In last year of term, credit will expire unless a new application is submitted. Some credits are limited to one term only. See credit manual for full requirements. Conditions of approval must be maintained for credit to continue during term.

Development Permit Number(s) (if applicable; see note 3 above): _____

Applicant's Signature

Date

APPROVED _____
City of Holly Springs, Stormwater Coordinator

Date

Please return completed Form, along with all supporting documentation, no later than October 1 to:

In Person: 3235 Holly Springs Parkway

Mail: Attn: Stormwater Credits
City of Holly Springs, Stormwater Management
PO BOX 990
Holly Springs, GA 30142

www.hollyspringsga.us

Ph: 770-345-5533
Fax: 770-345-2827

