



REQUEST FOR RECONSIDERATION OF STORMWATER FEE CITY OF PICKENS

Property Owner: _____
 Pin Number: _____
 Parcel Zoning: _____
 Name of Surveyor: _____
 Date of Survey: _____

Survey Required Information	YES	NO	Reason Not Shown
Name of Surveyor			
State of SC Surveyor License Number			
Date of Field Survey			
Property Boundaries			
Parking Areas			
Driveways			
Buildings			
Storm Drainage Facilities			
Any Other Surface Improvements			
*Credit can be given to parcels that implement water quality reduction measures. Measures include but are not limited to: Biofilters, rain barrels, cistern. These measures must be proven to be effective on the parcel in question			
Credits:			

For Office Use Only:

Action Recommended

Action Taken

Signature of City Engineer:

Signature of City Administrator:
