



Community Development Department
 5160 Maple Drive, Suite A
 Pleasant Hill, IA 50327
 515-309-9464

Stormwater Best Management Practice (BMP) Reimbursement Application

Applicant/Property Owner:	Email Address:	Phone:	
Property Address:	City:	State:	Zip Code:

Have you submitted an application previously? Yes No For which practice? _____

Proposed Best Management Practice (BMP)

- | | |
|---|--|
| <input type="checkbox"/> Bio-retention Cell | <input type="checkbox"/> Rain Barrel (\$75 maximum, limit one per household) |
| <input type="checkbox"/> Rain Garden | <input type="checkbox"/> Soil Quality Restoration |
| <input type="checkbox"/> Permeable Pavement | <input type="checkbox"/> Other: _____ |

Please attach the following:

- Map/site plan showing the project location and area treated by BMP.
- Summary or description of the project.
- Project schedule and expected completion date.
- Itemized and dated cost summary and/or contractor estimates.

Estimated Cost of Project:

Reimbursement Amount Requested:

*Rain Barrel - 50% or \$75, whichever is the lesser value, limit one reimbursement per household
 Other BMP Practices - 50% or \$750, whichever is the lesser value, within the \$5,000 budgeted for the fiscal year*

Program Details:

- The City will review submitted application and issue a pre-approval letter for qualified work.
- City Staff will need access to the property to inspect the project prior to reimbursement.
- Reimbursement will be made after the project is complete and receipts/invoices are turned in.
- Project must be completed within the fiscal year (July 1 - June 30) that it is approved.
- The City can accommodate projects up to the fiscal year budget of \$5,000.00 and will evaluate and consider projects until the budget has been reached for the fiscal year.

Applicant/Property Owner Signature:

Date:

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By signing this application, I agree to the conditions of this program and have provided the documents needed for reimbursement

This Section to Be Completed by City Staff

ALL DOCUMENTS ENCLOSED? Yes No
 STAFF APPLICATION APPROVAL Yes No
 AMOUNT REQUESTED: _____ AMOUNT APPROVED: _____

DIRECTOR APPROVAL

 Signature

 Date