

## NON RESIDENTIAL CUSTOMER STORMWATER CREDIT APPLICATION

## **HALIFAX WATER**

450 Cowie Hill Road, PO Box 8388, RPO CSC

Halifax, Nova Scotia, B3K 5M1

Phone: (902) 490-6950 Fax: (902) 490-1584

Email: Stormwater@HalifaxWater.ca

Customer & Premise Information						
Date:				HRWC Account Number:		
Name:				Email:		
Phone Number:	( )			_		
Location/Address:						
Property Identification Number (PID): Lot Number:						
Premise Use:						
Type of Premise:					I ☐ Institution	nal
Private Stormwater Management System						
Credit Applying for Type:   Over-Detention   Matching Detention   Percentage:						
Check or complete all that apply and attach manufacturer's technical product sheet:						
Stormwater Manag	ement Pond:	□ Yes	□ No	Stormwater Tanl	k: □ Yes	□ No
Inline Pipe Storage	:	□ Yes	□ No	Rooftop Storage	: □ Yes	□ No
Engineered Wetlan	id:	□ Yes	□ No			
Other:				Other:		
Maintenance & Cleaning Requirement						
Type of Maintenance Required:						
Maintenance Period: ☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 years ☐						
Professional E	ngineer's Cert	ification				
I certify the private stormwater management system and their respective appurtenances have been installed as indicated in the approved engineering design and in accordance with the HRWC Design Specification and HRWC Supplementary Standard Specification and manufacturer's specification.						
Name:	Professional Engineer	· (Print)		(Signature)		
Company:				_ Seal:		
Address:				-		
City, Province:				-		
Postal Code:				-		
Email:				-		

Properties are subject to audit by HRWC. Failure to comply to the requirements set out in this Application within 30 days as directed by HRWC will result in removal from the credit program.