



Submit to:  
Borough of Ebensburg  
300 West High St.  
Ebensburg, PA 15931  
[eburg@ebensburgpa.com](mailto:eburg@ebensburgpa.com)  
814-472-8780

# Borough of Ebensburg Stormwater Program and User Fee Stormwater Fee Credit Application

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

**TYPE OF CREDIT APPLYING FOR (CHECK APPLICABLE):**

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> DETENTION<br>BASIN | <input type="checkbox"/> RAIN GARDEN<br>/BIO-RETENTION<br>BASIN | <input type="checkbox"/> CONSTRUCTED<br>WETLANDS | <input type="checkbox"/> GREEN ROOF |
| <input type="checkbox"/> POROUS<br>PAVEMENT | <input type="checkbox"/> INFILTRATION<br>TRENCHES               | <input type="checkbox"/> RAIN BARREL(S)          | <input type="checkbox"/> DRY WELL   |

**DESCRIBE THE STORMWATER QUALITY/QUANTITY PRACTICE EMPLOYED:**

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**SKETCH THE PROPERTY WITH PRACTICES SHOWN**

I hereby request consideration for a Credit, and further authorize the Borough of Ebensburg to inspect the above identified stormwater facility(ies) for the purposes of assessment for possible stormwater utility fee credit. I certify that I have the authority to make such a request and authorization for this property. I agree to maintain the above stated stormwater management practices.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_