



**STORMWATER CREDIT
RENEWAL APPLICATION**

HALIFAX WATER

FORM DS13

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: _____ Halifax Water Account Number: _____
Name: _____ Email: _____
Phone Number: (____) _____ Fax Number: (____) _____
Location/Address: _____
Property Identification Number (PID): _____ Lot Number: _____
Premise Use: _____
Type of Premise: Residential Multi-Unit Res. Industrial Commercial Institutional

Private Stormwater Management System

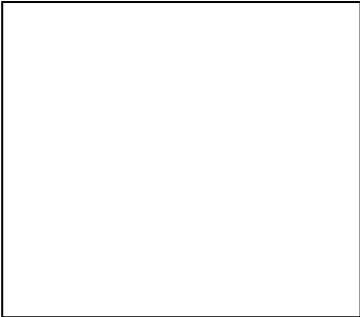
Credit Type: Over-Detention Matching Detention Percentage: _____
Check or complete what is currently installed:
Stormwater Management Pond: Yes No Stormwater Tank: Yes No
Inline Pipe Storage: Yes No Rooftop Storage: Yes No
Engineered Wetland: Yes No
Other: _____ Other: _____

Maintenance & Cleaning Requirement

Type of Maintenance Required: _____
Maintenance Period: 3 months 6 months 1 year 2 years 3 years _____

Professional Engineer's Certification

I certify the private stormwater management system and their respective appurtenances have been maintained as indicated in the Halifax Water Non Residential Stormwater Credit Application approval.

Name: _____
Professional Engineer (Print) (Signature)
Company: _____ Seal: 
Address: _____
City, Province: _____
Postal Code: _____
Email: _____

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