



**STORMWATER CREDIT  
RENEWAL 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: \_\_\_\_\_ 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: \_\_\_\_\_  
Property Owner/Maintenance Personnel (Print) (Signature)  
Company: \_\_\_\_\_  
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.