

# General Application



CITY OF RICHMOND  
DEPARTMENT OF PUBLIC UTILITIES



Applicant Name:	
Property Address: Street: City: Zip code:	
Mailing address: (if different than property address)	
Parcel ID number:	
Phone Number:	
Email address:	
Check One: <input type="checkbox"/> This is the first credit application for this property. <input type="checkbox"/> This is a credit renewal request. <input type="checkbox"/> This is a reapplication after a credit suspension.	
Credit applying for: <input type="checkbox"/> Single-family residential property <input type="checkbox"/> Multi-family and non-residential VPDES industrial permit <input type="checkbox"/> Multi-family and non-residential Stormwater Quantity Controls <input type="checkbox"/> Multi-family and non-residential Stormwater Quality Controls <input type="checkbox"/> Multi-family and non-residential Good Housekeeping Practices	
Applicant/Contact signature:	Date:
<b>Mail to: City of Richmond Stormwater Utility Attn: Stormwater Credit Applications 730 East Broad St., 5<sup>th</sup> Floor Richmond, VA 23219</b>	