

# **Coraopolis Water and Sewer Authority Stormwater Fee Appeal Application**

This application is for property owners to appeal their stormwater fee with regard to billing errors or inaccuracies. Pertinent sections must be completed in entirety. One application may be submitted per parcel to the Authority Manager at:

**1301 4<sup>th</sup> Avenue, Suite 1  
Coraopolis, Pennsylvania 15108**

Applications must be received within 30 days of the charge being mailed to the property owner.

Date: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

### **Property Owner Information:**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

### **Reason for Appeal:**

Incorrect Impervious Area

Incorrect Property Assessment

If appeal is related to impervious area calculations, please include the following additional documentation:

The Owner's estimate of the total impervious area based on supporting documentation. As defined in the Coraopolis Water and Sewer Authority Stormwater Fee Report, fee assessment is based on Equivalent Residential Units (ERUs), where one ERU is equal to 1,900 square feet of impervious area.

All supporting documentation, including to but not limited to, plot plan, map, aerial, as-built, or similar information to support estimated impervious area

**Appeal Description**

Please provide detailed description as to the error in the stormwater fee bill and provide the correct information, to the best of your knowledge.

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*The Appeal Applicant hereby certifies that the statements made herein and representations contained in all accompanying matter as part of this application are true and correct and the applicant is the Owner of the property identified herein. The Applicant/Owner/ shall be responsible for reviewing and fully understanding all provisions of the Authority Resolution. The Applicant/Owner grants Coraopolis Water and Sewer Authority Officials the right to enter onto the property for the purpose of inspection and verification of the statements made herein.*

Signature: \_\_\_\_\_

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**FOR AUTHORITY USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Application Complete

Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Appeal Granted

Appeal Denied

Description of Adjustment: \_\_\_\_\_

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