City of Fredericksburg Municipal Drainage Utility Fee Credit Application Form

Please fill out all applicable sections and return the form to the Department of Public Works and Utilities, Attn: Garret Bonn, 126 W. Main St., Fredericksburg, TX 78624 or by email to gbonn@fbgtx.org.

Owner/Applicant:

Name: _______________________________________________________________
Mailing Address: _______________________________________________________
City, State, Zip: _______________________________________________________
Email: _______________________________________________________________
Daytime Phone: _______________________________________________________

Service Location Information:

Physical Address: _______________________________________________________
Drainage Utility Account #: ___________________________________________

Credit Type Requested (check all that apply):

☐ Vegetated Detention Facility  ☐ Riparian Zone Preservation
☐ Permanent Structural Detention Facility  ☐ Permanent Best Management Practices (BMP)
☐ Detention or Retention Pond Amenity  ☐ Zero Discharge Credit

*Refer to Article VII – Drainage Utility Section 47-2745 for additional information regarding credit types including maximum allowable drainage utility fee credits and examples.
Description and Documentation: Use the space below to describe the on-site stormwater management control(s) checked above. Attach supporting documentation for each credit type (plats, reports, as-built plans, surveys, photos, etc.). Credit applications that do not include sufficient information will be returned to the applicant without review.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Certification: I hereby certify that the information contained in the application is, to the best of my knowledge, correct, and represents a complete and accurate statement. By signing below, I agree to allow City staff to review and verify the above information at the service address including site inspections (as required).

_____________________________________________________
(Signature)

_____________________________________________________
(Print Name)

_____________________
(Date)

If approved, credit will be applied starting with the following month’s utility bill.

City of Fredericksburg Use Only

Credit Applied For:_______________________________________________________

Date Received_______ Reviewed by_____________________________

____Insufficient Information____Approved____Denied____ Other:_________________

Total Fee Reduction:______________(%)

Staff Notes/Comments:

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