

# Small Project Credit Application Form

**Applicant Name:**  **Date:**

**Property Information:**

Owner

Street

City, State, ZIP Code

Parcel ID #

Property Type  Choose an item.

**Mailing Address: (if different from property address)**

Street

City, State, ZIP Code

**Email Address:**

**Phone Number:**

**Total Impervious Area of the Property:**

*Note: For residential properties use the building footprint for impervious area.*

**Project Type:**  Rain Garden  Dry Well/Infiltration Trench

**Installation Month/Year:**

**Technical Guidance:**

*What technical guidance was used to design your project?*

**Installation Method:**

Who installed your project? Was it done by a contractor or the homeowner?

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**Project Details:**

Rain Garden		Dry Well/Infiltration Trench	
Soil Media Depth	<input type="text"/> IN	Aggregate Depth	<input type="text"/> IN
Ponding Depth	<input type="text"/> IN	Impervious Area Treated	<input type="text"/> SF
Impervious Area Treated	<input type="text"/> SF	Surface Footprint	<input type="text"/> SF
Surface Footprint	<input type="text"/> SF		

**Confirmation of Credit Eligibility:**

Confirm that the impervious area treated is at least 50% of the impervious area on the property.

- Yes       No

Confirm that the project footprint is greater than the result of the following calculation:

Rain Garden	Impervious Area Treated _____SF	÷	6	×	1.20	=	Minimum Footprint _____SF
Dry Well/ Infiltration Trench	Impervious Area Treated _____SF	÷	6	×	1.25	=	Minimum Footprint _____SF

- Yes       No

**Supporting Documents:**

Attach the following supporting documents.

- Design Sketch** – Provide a to-scale sketch showing the property boundary, proximity to structures, flow of stormwater runoff to and from the project, impervious areas draining to the project, and the vegetation plan (for rain gardens only).
- Photographs** – Provide photographs of your project from different perspectives.

**Reviewer Signature:**

Provide a signature from a person competent to attest to the sizing and installation of the project. This includes a landscape architect, professional engineer, qualified representative of a soil and water conservation district, or another individual recognized by the City.

**Name:**

**Qualification:**

**Address of Inspector:**

**Email:**

**Phone:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return this form and supporting documentation to:**

City of Erie  
Stormwater Structure Credit Application  
Department of Public Works  
626 State Street, Room 504  
Erie, Pennsylvania 16501