



STORMWATER MANAGEMENT UTILITY FEE APPEAL FORM

Stormwater Management Division
101 E. Orange St. / PO Box 429
Hillsborough, NC 27278

Phone: 919-732-1270, Ext. 77, Fax: 919-644-2390

Website: www.hillsboroughnc.gov

Applicant Information (person to whom correspondence will be mailed):

Name:	_____		
Mailing Address:	_____		
City:	State:	Zip:	
_____	_____	_____	
Email:	Daytime Phone:		
_____	_____		

Property Information

Parcel Identification Number:	_____
Physical Address (or location if no address assigned):	_____

Basis of Appeal (check all that apply and attach descriptions and other documentation as indicated):

<input type="checkbox"/>	Ownership – <i>Parcel does not belong to me.</i> Please provide a copy of the latest recorded deed, which can be obtained from the Orange County Register of Deeds .
<input type="checkbox"/>	Impervious Surface – <i>No impervious surface exists on the parcel; impervious surface has been removed or impervious surface mapped is actually located on adjacent parcel.</i> If available, please provide an as-built survey of your parcel. If none exists, staff will review the property file and conduct an onsite visit to verify appeal information.
<input type="checkbox"/>	Property Designation – <i>Property is designated as non-residential but is actually residential or vice versa.</i> If available, please provide an as-built survey, tax documents or similar information for your parcel. Staff will conduct an onsite visit to verify appeal information.
<input type="checkbox"/>	Tier – <i>Non-residential property has been billed at the incorrect tier.</i> Please provide a copy of a certified survey or an updated as-built survey created no earlier than 12 months before the date of this appeal.
<input type="checkbox"/>	Other – <i>If none of the above apply.</i> Please explain why you are appealing/disputing your stormwater management utility fee on the following page, and attach any supporting information to be considered.

Appeal Explanation/Description:

Please provide an explanation of your appeal or describe local conditions of your parcel that warrant consideration of an appeal.

Authorization

By signing below, you acknowledge that the information provided is accurate and true. Your signature also conveys permission to Stormwater Management Division staff to enter your property at their convenience to verify appeal information.

Signature: _____ **Date:** _____

Submit completed applications and supporting information to:

Mail: Terry Hackett Stormwater Program Manager Town of Hillsborough PO Box 429 Hillsborough, NC 27278	Email: Terry.Hackett@Hillsboroughnc.gov
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Appeals will be processed and a response mailed and/or emailed within 30 days of a complete application. Please review Section 19-8(d) of the Town of Hillsborough [Code of Ordinances](#) for additional information.

For Town of Hillsborough Use Only:

Date Appeal Received: _____	Received by: _____
Property Designation: _____	Impervious: _____ Tier: _____
Appeal Denied by: _____	Denied on: _____
Appeal Approved by: _____	Approved on: _____
Billing Information Updated _____ Y or N	Date Updated: _____