



Hamilton

STORMWATER FEE REASSESSMENT FORM

Purpose of this Form

This form is to be used exclusively for the reassessment of the stormwater fee for multi-residential properties (seven or more units) and/or Industrial, Commercial, and Institutional (ICI) properties.

General

The City of Hamilton collects information under authority of Section 227 of the Municipal Act, 2001. Any personal information collected for Stormwater Incentive Program will be used to ensure eligibility for the Stormwater Incentive Program Rebates. By providing your email address, you are consenting to receiving emails from the City of Hamilton and/or their agents/contractors to verify the details of the incentive and ensure the garden or measure is in operational condition and effective. Information collected for this initiative may be stored on servers located in Canada and the United States and may be subject to Canadian and/or American laws. Questions about the collection of this personal information can be directed to the Superintendent, Environmental Monitoring and Enforcement, Public Works, Hamilton City Hall, 71 Main St W, Hamilton, ON L8P 4Y5, (905) 973-3503, ext.1252, muhammad.mujtaba@hamilton.ca.

Alternate formats are available upon request in accordance with the Accessibility for Ontarians with Disabilities Act, 2005. Please contact Hamilton Water at 905-546-2489.

Consumers whose premise is not in compliance with any of the provisions of the Sewer Use By-law, No. 14-090, as amended, are not eligible for the Stormwater Rate Incentive Program, along with consumers who are not in good financial standing with the City of Hamilton.

The General Manager or an Officer may enter on land to conduct an inspection at any reasonable time and under the conditions set out in sections 435 and 437 of the Municipal Act, 2001.

Instructions

1. Please review the online Stormwater Fee & Credit Manual before submitting this form.
2. Questions regarding completing and submitting this form are to be directed to the Environmental Monitoring and Enforcement Unit of the City of Hamilton at 905-546-2424, ext. 5866, or via email at StormwaterIncentives@hamilton.ca.
3. An applicant may be required to submit additional information during the reassessment review. The City will contact the Applicant in writing if this is the case.
4. The original and complete application must be submitted using the online form or by sending a signed, completed form electronically or by mail to:

City of Hamilton, Hamilton Water Division

Attn: Stormwater Incentives Program, Project Manager

700 Woodward Avenue,

Administration Building

Hamilton, ON L8H 6B4

StormwaterIncentives@hamilton.ca



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Application Form

1. General Information

Date of Application: _____

Physical Address of Premises

Street Number: _____ Street Name: _____ Unit #: _____ City/Town: _____

If a street name and number have not been assigned yet:

Property PIN: _____

Legal property description: _____

Property Owner Information

Legal Name: _____ Contact Name: _____

Company: _____

Street Number: _____ Street Name: _____ Unit #: _____

City/Town: _____ Province: _____ Postal code: _____

Phone Number: _____ Email address: _____

Applicant Information (if different from owner)

Legal Name: _____ Contact Name: _____

Company: _____

Street Number: _____ Street Name: _____ Unit #: _____

City/Town: _____ Province: _____ Postal code: _____

Phone Number: _____ Email address: _____

2. Reassessment Information

Please check the reason for your request for a reassessment.

Incorrect property type (e.g., residential, commercial etc.)

Incorrect number of dwelling units

Incorrect type of dwelling units (e.g., detached, triplex, etc.)

Incorrect impervious area

Incorrect green space credit assessment

Other



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Please describe your reassessment request in more detail, including your original stormwater fee assessment and the aspect(s) that you believe are incorrect:

3. Declaration

I, _____ (print name) solemnly declare that the information provided in this Form is true.

Declared at the City of Hamilton this _____ day of _____, _____.

Signature of Applicant (Consumer): _____

Name: _____

Title: _____