


PROJECT APPLICATION

	City of Ankeny Stormwater Best Management Practices 2016/2017 Reimbursement Program
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Applicant/Property Owner	Email Address	Phone Number

Address	City	State	Zip Code

Proposed Best Management Practice (BMP):

- | | |
|---|---|
| <input type="checkbox"/> Rain Garden/Bioretenion Cell
<input type="checkbox"/> Pervious Pavement System
<input type="checkbox"/> Soil Quality Restoration | <input type="checkbox"/> Rain Barrel (\$75 maximum, limit one per address)
<input type="checkbox"/> Native Planting Garden/Buffer/Swale
<input type="checkbox"/> Other (describe) _____

_____ |
|---|---|

Have you submitted an application previously? Y or N (circle one) For which practice? _____

Please attach the following:

- | | |
|--|------------------------------------|
| 1. Maps and/or site plans showing the project location and area being treated with BMPs. | Enclosed? <input type="checkbox"/> |
| 2. Summary or description of the project. | <input type="checkbox"/> |
| 3. Cost summary and/or contractor's estimate for the project. | <input type="checkbox"/> |
| 4. Anticipated project schedule and expected completion date. | <input type="checkbox"/> |

Estimated Cost of Project		Reimbursement amount requested (Up to 50% of total, max amount for all practices is \$1,800)

Rain barrel, 50% of cost, maximum \$75, limit one

The City will require access to your property for evaluation of this application and inspection of completed project.

- Yes, the city of Ankeny may have access to my property and photograph installed BMP.

By signing this application, the applicant agrees that all information provided in this application and the accompanying documents is accurate and agrees to the conditions of this program.

Applicant/Property Owner Signature	Date

City of Ankeny Approval	This section for City use only.
All documents enclosed <input type="checkbox"/>	Amount Requested _____
Public Works Staff BMP approval <input type="checkbox"/>	Amount Approved _____
Additional documents needed _____	
Public Works Director Approval	
Signature _____	Date _____