



Berkeley County Stormwater Management Program

P.O. Box 6122
Moncks Corner, SC 29461
843.719.4195 | webswmp@berkeleycountysc.gov

Stormwater Utility Fee Reallocation Application

(Please fill out one application per property)

I. General Information

Date: _____

Property Information:

Real Property Billing Account # (optional): Berkeley County _____

TMS#: _____

Property Address: _____

Owner:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Authorized Representative (if not Owner):

All correspondence pertaining to this application should be communicated to:

Name: _____

Title: _____

Mailing Address: _____

Phone: _____

Email: _____

Send the completed application and supporting documentation to:

STORMWATER MANAGEMENT PROGRAM

Berkeley County Engineering Department

P.O. Box 6122

Moncks Corner, SC 29461

For inquiries, please call 843-719-4195 or email webswmp@berkeleycountysc.gov

II. Request Stormwater Utility Fee Charge Reallocation

Indicate the parcel number and the percentage of the total Stormwater Utility Fee Charge or IA square footage you wish to appropriate to an existing account. Round the total IA square footage nearest tenth. The total must equal 100.0% of the IA on the aggrieved parcel. If there are more than five (5) accounts to re-allocate your IA square footage towards, please indicate the charge/square footage distribution for the additional parcel(s) on an additional sheet and ensure each parcel owner is denoted as signs for the re-allocation.

Parcel Number	% Charge/Square Footage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. Re-allocated Owner Certification:

I certify that I am the property owner of the parcel for which the revised allocation is being assessed to.

Note: If an authorized representative is acting on behalf of the property owner, a certified letter from the owner indicating that the representative has the authority to act on the owner's behalf must be attached to this form.

Signature of Owner / Authorized Representative

Date

Print Name

IV. Allocating Owner Certification:

I certify that I am the property owner of the parcel for which the revised allocation is being sought for.

Note: If an authorized representative is acting on behalf of the property owner, a certified letter from the owner indicating that the representative has the authority to act on the owner's behalf must be attached to this form.

Signature of Owner / Authorized Representative

Date

Print Name

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

I _____, a notary public in and for said county and state, certify that _____ personally appeared before me this day, stated that he/she is _____ of _____ and is _____ of _____, and acknowledged the execution of the foregoing instrument on behalf of said authority.

Witness my hand and official seal, this is the _____ day of, 20_____

My Commission Expires: _____

(Seal)

Notary Public (Signature)

Notary Public (Printed Name)