2007

Changed_____

_____

CITY OF CHATTANOOGA
WATER QUALITY PROGRAM

REQUEST FOR CHANGE OF WATER QUALITY FEE

Property Type/Land Use Code _____ Date _____

State Tax Map Number _____

Property Address _____

Property Owner's Name _____

Property Owner's Address _____

CHANGE BY CALCULATION	**CHANGE BY ORDINANCE**
_____ Area	_____ Quality Abatement
_____ Non-Standard Land Use	_____ Quantity Abatement
_____ Land Use Difference	_____ Community Remediation

Comment & Data Submitted _____

_____

_____

Signature _____ Daytime Phone _____

FOR DEPARTMENT USE ONLY

Parcel Area _____ sq ft _____

Impervious _____ sq ft _____

Woods/Water _____ sq ft _____

Land Use/Rate _____ **ANNUAL FEE $_____._____**

Authorized By _____ Date_____ **Reference #** _____

Return Form To: WATER QUALITY PROGRAM
1250 Market Street Suite 2100
CHATTANOOGA, TN 37402 attn: Sue E. Marshall - or - fax: 643-5862

SWMIDF04/00 sem