



2019 Stormwater Best Management Practices Application

Applicant information

Applicant/Property owner name:

Street address:

City: _____ State: _____ Zip code: _____

Owner phone number: _____

Owner email address: _____

Project proposed

- Single Rain Barrel (1)
- Multiple Rain Barrels (Up to 2)
- Rain Garden
- Native Planting Stream Buffer/Swale
- Single Native Tree
- Multiple Native Trees (Up to 2)

Projects are subject to applicable laws and provisions including but not limited to the City of Mission Municipal Code.

Application attachments

Please attach the following:

1. Summary or description of the project
2. Photos of project location
3. Cost summary and/or contractor's estimate for the project
4. Contractor's Certificate of Insurance (If applying for rain garden, buffer, or swale project)
5. Anticipated project schedule and expected completion date
6. Site plan showing the project location and area being treated with BMP's and plant list



Total project cost estimate before reimbursement:

Amount requested:

(Up to 50% of total estimated project cost, not to exceed \$1,000 for rain garden/stream buffer/swale, \$75.00 for rain barrels, up to two, and \$150 for native trees, up to two.)

Signature

The City of Mission requires access to your property for evaluation of this application and inspection of the completed project.

- Yes, the City of Mission may have access to my property
- I understand that failure to maintain the BMP for at least 3-years will require repayment of the matching funds.

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, including maintenance of the facility for a period of three (3) years.

All projects or installations must be completed before October 31st.

Applicant/Property Owner Signature

Date

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City of Mission Use Only

Amount requested: _____ Pre-construction inspection date: _____

Amount approved: _____ Post-construction inspection date: _____

Reimbursement mailed: _____ Post-construction photos: _____

Staff Signature: _____ Date: _____