



Lake County Stormwater Management Department

User Fee Adjustment Request for Non-Residential Property Owners

Mail completed application to:

LCSMD
attn: Adjustment Request
125 East Erie Street
Painesville, OH 44077

Property Owner Information

Property Owner Name: _____

Property Address: _____

Parcel ID#: _____

Owner Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Type of Adjustment Requested:

☐

Parcel Information

☐

Impervious Area

☐

Credit

☐

Other

Date of Request: _____

Reason for Adjustment Request:

Property Owner Signature: _____

Date: _____

Stormwater Management Department Approval

☐

Approved

☐

Disapproved

Comments:

Reviewer (Print Name): _____

Reviewer Signature: _____

Date: _____

Director Approval: _____

Date: _____

For Finance Purpose Only:

Account: _____

Tax Year: _____

Amount of
Adjustment: _____