

## Lake County Stormwater Management Department

**User Fee Adjustment Request** for Non-Residential Property Owners

Email Completed form to: LCSMD@lakecountyohio.gov

Mail completed application to:

attn: Adjustment Request 105 Main Street, Suite A305 Painesville, OH 44077

**LCSMD** 

Property Owner Info	rmation
Property Owner Name:	
Property Address:	
Parcel ID#:	
Owner Mailing Address (if different from above):	
	Zip:
Type of Adjustment Requested:	
Parcel Information Impervious Area	Credit Other
Date of Request:	
Reason for Adjustment Request:	
	2.1
Property Owner Signature:	Date:
Stormwater Management Department Approval	
Comments:	irtment Approvai
Approved	
Disapproved	
Reviewer (Print Name):	
Reviewer Signature:	Date:
	5.4
Director Approval:	Date:
For Finance Purpose Only:	
Account:	Amount of
Tax Year:	Adjustment: