

City of Polk City 112 S 3rd St **PO BOX 426** Polk City, IA 50226 515-984-6233

Stormwater Best Management Practice (BMP) Reimbursement Application

Applicant/Property Owner			
First/Last Name:	Email Address:		Phone:
Project Address:	City: Polk City	State: IA	Zip Code: 50226
Address (if different than project location):	City:	State:	Zip Code:
	Application Ins	tructions	
 Submit completed application wire litemized estimate of material or Map/site plan showing the properties or Project schedule and expected. Send application to either of the second polication to either of the second polication. Email to: support@polkcityia. Mail to: City of Polk City, C/O City will review submitted application points. After work is completed, itemized scheduled with Public Works to remark the submitted application. 	Is or services to be comproject location with described completion date. following: gov City Clerk, PO Box 426, Fation and issue a pre-app	ription. Polk City, Iowa, 50226 roval letter for qualifi payment must be sub	ed work (pre-approval not
Proposed Best Management Practic	e (BMP)		
☐ Bio-retention Cell☐ Rain Garden☐ Permeable Pavement☐ Other:	☐ Rain Barrel☐ Soil Quality Restol☐ Approved Native	ration Plantings and Landsca	ping
 A Rain Barrel may receive up to 50% of Other BMP Practices may receive up t Practices must meet design criteria in 	o 50%		ceive reimbursement
Estimated Cost of Project: _			
Reimbursement Amount Re	quested:		
Verify the Following Before Submitti	ing		
☐ Yes ☐ No Have you received a r	ebate under this progra	•	ount:
☐ I have attached the plan, project			
☐ I have read and understand the	Program Overview and	Acknowledgment (se	e page 2).

I understand that in order to ensure the eligibility for reimbursement, this application must be submitted to

the City for pre-approval prior to commencing work.

Program Overview

The Stormwater Best Management Practice (BMP) Reimbursement program was created to provide reimbursement to property owners that install stormwater best management practices as specified in the lowa Stormwater Management Manual on their property that help enhance the water quality of stormwater runoff and/or decrease the amount of stormwater runoff entering the stormwater drainage system. The program will reimburse up to 50% of the cost (up to \$75 for rain barrels) to the property owners who meet the requirements listed below. Reimbursement for approved work will be in the form of a check sent to the the applicant or property owner that applied for the reimbursement.

ACKNOWLEDGEMENT						
THE UNDERSIGNED CERTIFIES THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE						
AND CORRECT AND FUTHER AGREES TO FOLLOW THE CONDITIONS OF THE PROGRAM.						
Applicant attests to providing the documents required for reimbursement and understands that any reimbursement payment from this program may be subject to income tax.						
SIGNATURE OF APPLICATION	DATE OF APPLICATION					

THIS SECTION TO BE COMPLETED BY CITY:			
ALL DOCUMENTS ENCLOSED? STAFF APPLICATION APPROVAL	☐ YES ☐ NO ☐ YES ☐ NO		
AMOUNT REQUESTED:		AMOUNT APPROVED:	
CITY APPROVAL:Sig	nature	Date	