

Stormwater Performance Security, full release

Project Information
Project Name:
Address/Location:

Permittee	
Name:	
Company Name:	
Street Address:	
City, State, Zip:	
Phone:	

Payee (to whom shall the City issue and mail payment?)		
Payee:		
Company Name:		
Street Address:		
City, State, Zip:		
Phone:		
Email:		

nal Inspection	
ate Performed:	
ndings:	

Performance Security		
Paid by:		
Total Security paid \$	Date:	
Deductions \$	Date:	
Partial Release \$	Date:	
Remaining Balance Released \$	Date:	

Signature Block

Permittee

Date

Date

• I authorize that permanent stormwater quality and erosion control features are adequate and believed to be adequate for the purposes they are intended to serve.

Please note that eligibility for a full request will be determined by factors such as an adequate, permanent vegetative cover that has demonstrated permanency by returning following winter dormancy and/or summer drought. Some variation may be appropriate as individual sites may differ to be determined by the City Inspector.

Public Works Authorization

• I authorize release of the Performance Security Remaining Balance above to the Payee indicated herein from #01-0000-25901