



BOROUGH OF WEST CHESTER
CHESTER COUNTY PENNSYLVANIA

STREAM PROTECTION FEE APPEAL APPLICATION

The Borough has established a Stream Protection Fee (SPF) and all developed parcels in the Borough are required to pay the fee, which is based on the impervious coverage of the parcel. Property owners are entitled to appeal the user fee in accordance with the procedures in the Appeals Manual and the Stream Protection Fee Ordinance 2015-##

Submit completed form: spf-program@west-chester.com

or mail to:

Borough of West Chester Stormwater Program
401 E. Gay Street,
West Chester, PA 19380

Application Date: _____ SPF Account No.: _____

Owner Name: _____ Mailing Address: _____

Property Address: _____

Phone Number: _____ Email Address: _____

Reason for Appeal (Check all that apply):

- Incorrect parcel information
- Inaccurate impervious area calculation
- Inaccurate Tier category assignment
- Mathematical error

Special Condition Appeal

If the applicant is choosing this appeal, both reasons below must be true:

- The stormwater runoff impact on the stormwater system or services is significantly less than suggested by its amount of impervious area; and
- Applicant's parcel or a portion thereof drains completely outside of the Borough.

Supporting Documentation Checklist (provide all items listed below)

- Copy of SPF Bill
- Plot plan, map, aerial image or similar information detailing actual impervious surfaces currently on-site
- Requested value for the correct impervious area/ associated with the property for which an appeal is being requested (provide in Description, page 2)

Appeal Description

Provide detailed description of the billing error and your interpretation of corrected information. Attach additional sheets as necessary. Photographs are not required, but helpful.

I attest that the information provided in this Appeal Application is complete and accurate:

Applicant Signature: _____

Borough Use Only

Date Received: _____

Reviewed By: _____

- Status:
- Approved
 - Approved with Modifications
 - Additional Information Needed
 - Denied

Notes: _____

Date Responded: _____