



## Form AD-1 Authorized Designee

Request Number

### CITY OF CHARLESTON, SOUTH CAROLINA STORMWATER FEE ADJUSTMENT APPEAL REQUEST

Parcel ID: \_\_\_\_\_ Date: \_\_\_\_\_

Customer/Property Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Owner Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Authorized Nominee \_\_\_\_\_

Authorized Nominee Email: \_\_\_\_\_ Authorized Nominee Phone: \_\_\_\_\_

#### **OWNER and AUTHORIZED DESIGNEE ACKNOWLEDGEMENT:**

I grant permission for the authorized designee, stated above, to represent me as owner of the subject parcel for this appeal request.

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Signature of Owner

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Date

I acknowledge that, as the authorized designee of the property, I am responsible for representing the property owner, in the matter of this appeal of the subject parcel's non-ad valorem stormwater assessment.

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Signature of Authorized Nominee

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Date

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Send the Completed Application and Supporting Documentation To:

Stormwater Utility Financial Account Manager

City of Charleston

2 George St

Suite 2100

Charleston, SC 29401

For inquiries, please email: [CityOfChasSWFee@charleston-sc.gov](mailto:CityOfChasSWFee@charleston-sc.gov)

**(NOTE:** A separate application form and supporting documentation must be filed for each parcel)