

**APPLICATION FOR FEE CREDIT:  
EDUCATION (20%MAX)**

SUBMIT APPLICATION BY MAIL TO: CITY OF NORTH CHARLESTON  
PUBLIC WORKS DEPARTMENT  
ATTN: STORMWATER DEPARTMENT  
1021 ARAGON ST.  
NORTH CHARLESTON SC 29405

OR BY EMAIL TO: [stormwater@northcharleston.org](mailto:stormwater@northcharleston.org)

**APPLICANT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ORG/COMPANY:** \_\_\_\_\_

**APPLICANT ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_ **FAX:** \_\_\_\_\_

\_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**APPLICATION PREPARED BY:** \_\_\_\_\_

(If other than applicant)

**COMPANY:** \_\_\_\_\_

**TAX MAP NUMBER (TMS#) XXX-XX-XX-XXX**

Fill out a separate application for each parcel / TMS# you are requesting a credit on

**PROVIDE THE FOLLOWING DOCUMENTATION TO SUPPORT YOUR EDUCATIONAL EFFORTS:**

- Stormwater related classes at public or private accredited educational facilities. Provide details about the topic(s) covered.
- Seminars or Workshops for Stormwater related education sessions. Provide details about the time(s), location(s), and topic(s) covered for each session.
- Stormwater quality-specific educational materials that has been posted on-site.
- The credit is available only to accredited educational facilities.

**TOTAL NUMBER OF STUDENTS OR ATTENDEES** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY	APPROVED?	DATE RECEIVED
<b>COMMENTS:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MORE INFORMATION NEEDED	