

STORMWATER CONTROL PLAN REVIEW FEE FORM

Complete this form, affix payment check in the space provided below, and include with each hardcopy SCP submittal.

INSTRUCTIONS AND FEE CALCULATION

The Stormwater Control Plan (SCP) Review Fee is collected by the SFPUC for each SCP submittal per Resolution Number 18-0082. Use the information requested below and the SFPUC Rates Schedules & Fees book, Schedule W-47 (available online at sfpuc.org/ratesbook) to determine your SCP Review Fee. Fees will increase on July 1st of each year to account for inflation.

Indicate the SCP Type, gross square footage (gsf)* of your project, and fee amount below. Gross square footage is defined as the sum of all areas on all floors of a building; it is typically found in the architectural area tabulations. The gsf should match that reported on the SCP Project Information Form. This SCP Review Fee Form shall be included in each hardcopy SCP submittal with payment attached. If payment is not included the SFPUC will not accept the submittal.

SCP Type (check one): Preliminary SCP Final SCP Submittal Date: _____

Submittal Level (ie. 1st preliminary, 2nd final, etc): _____

Total project gross square footage (gsf.)*: SCP _____ gsf.

Review Fee amount (at sfpuc.org/ratesbook): _____

*If gsf. is not an appropriate metric for your project please contact the SCP Review Team at stormwaterreview@sfgwater.org

PAYOR CONTACT INFORMATION

Project Street Address _____

Project Name (Alias) _____

Payor/Representative's Name _____

Payor/Representative's Firm _____

Payor/Representative's Address _____

City _____

State _____

Zip _____

Payor/Representative's Email _____

Payor/Representative's Phone No. _____

AFFIX CHECK HERE
 Make payable to:
 "San Francisco Water Power and Sewer"

DEBIT OR CREDIT WILL NOT BE ACCEPTED

For SFPUC Use Only:

<input type="checkbox"/> Check Received	Date: _____	UPD Rep: _____
<input type="checkbox"/> Submitted to Customer Service	Date: _____	UPD Rep: _____
<input type="checkbox"/> Payment Number	_____	