



City of Corpus Christi Municipal Drainage Fee Appeal Form

The owner or renter of an improved residential or commercial property located in the City of Corpus Christi ("City") who receives a monthly Utility Bill from the City for stormwater drainage fees may appeal the amount of the drainage fee or the process used to calculate the drainage fee pursuant to the process set out in Section 55-714 of the City Code of Ordinances. Please fill out and return this Appeal Form to the Department of Public Works, Attn: Municipal Drainage Fee Resolution Team, 2525 Hygeia St. Corpus Christi, TX 78415 or by email to StormWaterFee@cctexas.com.

Owner/Applicant:

Name: _____

Mailing Address: _____

City: _____ Zip: _____ Daytime Phone: _____

Service Location Information:

Property Address: _____ Utility Account No.: _____

Reason for Appeal: (Check all that apply and attach documents and descriptions as indicated)

Inaccurate Impervious Area Calculation (Non-Residential)

Owner shall provide a copy of a survey or site plan created within the past 12 months, indicating area in square feet of all impervious surfaces on the parcel. All measurements are subject to verification by City staff.

Incorrect Fee Proportion for Multi-Tenant Development (Non-Residential)

Applicant shall provide site plan of multi-tenant development.

Incorrect Storm Water Tier

A residential property is being charged for the incorrect tier.

Other _____

Appeal Description and Documentation:

Describe the conditions as indicated above. Use the space provided to describe the areas. Appeal missing required information will be returned to the applicant without review. Submit copies of any supporting documents with this appeal form, such as plats, property surveys showing lot size and square footage of all impervious areas (i.e., structures, accessory structures, driveways, sidewalks). You may submit additional pages as needed.

Certification:

I certify that the information contained in the application is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow City staff or inspector on site to review and verify the above information (if needed).

(Signature) (Print Name) (Date)

CITY OF CORPUS CHRISTI USE ONLY

Date Received: _____ Reviewed by: _____
__ Insufficient Information __ Approved __ Denied __ Adjusted __ Other: _____

	Before Review	After Review
Impervious Area/Lot Size		
Fee		

Notes: _____

Date sent to UBO: _____ Date determination sent to Applicant: _____