

## 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 [sfwater.org/ratesbook](http://sfwater.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)\*: \_\_\_\_\_ gsf.

SCP Review Fee amount (at [sfwater.org/ratesbook](http://sfwater.org/ratesbook)): \_\_\_\_\_

\*If gsf. is not an appropriate metric for your project please contact the SCP Review Team at [stormwaterreview@sfwater.org](mailto:stormwaterreview@sfwater.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	_____	