

CITY OF LADUE

STORMWATER FUNDING APPLICATION

Fill in information requested below, and use additional sheets if required: **Deadline for Submittal: June 30, (annually).** Mail or drop off the application and questionnaire at 9345 Clayton Road or fax to 314-994-3195

Project Address: _____

Applicant (Ladue Property Owner): _____

Home Phone Number _____ Cell number _____

E-Mail Address: _____

Date of site visit with Public Works Department Representative: _____

1. Description of Problem & Location (Include a location map or photos if available):

2. Description of Proposed Solution (Include site plan or sketch. Site plan must include location of proposed storm water remediation work and direction of storm water flow with directional arrows)

3. Estimate Project costs (If available):

- a. Design: \$ _____
- b. Construction: \$ _____
- c. Total Project Cost \$ _____
- d. Property Owner Matched Amount \$ _____ (owner match may exceed 50%)

**(Maximum match to be paid by the City is 50% of project cost up to a total City match of \$25,000 per project)
(Minimum project cost is \$5,000 with City match of \$2,500)**

4. Number of Homes Benefited: _____

5. Name of Phone Number of Designer (If other than Applicant): _____

Signature of Owner/Representative

Name (Please Print)

Phone Number of Owner/Representative

Date

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FOR OFFICE USE: DATE RECEIVED: _____