



RESIDENTIAL PROPERTY ADJUSTMENT APPLICATION

FORM 1 - Use to correct the STORMWATER FEE and SOLID WASTE FEE (if applicable)
Complete this application in its entirety and include supporting documentation when necessary.
Incomplete applications will be rejected. Deadline for submission is July 31.

SECTION 1: APPLICANT INFORMATION

[Office Use Only] Application Number.

APPLICANT NAME [PLEASE PRINT] _____

ORGANIZATION [IF APPLICABLE] _____

APPLICANT MAILING ADDRESS: _____ PHONE: _____

_____ FAX: _____

_____ E-MAIL: _____

SECTION 2: PROPERTY DETAILS

REAL ESTATE NUMBER (xxxxxx - xxxx) _____ (May be found on your tax bill.)

PROPERTY STREET ADDRESS
(i.e., 1234 N. Main St.; no city or zip required) _____

SECTION 3: CORRECTION REQUESTED

Note: Property data based on Property Appraiser's records. Please ensure that information is correct before applying.

CHARGED IN THE WRONG SINGLE FAMILY TIER **OR** THERE IS ONLY ONE SINGLE FAMILY RESIDENCE ON THE PROPERTY

CHOOSE SINGLE FAMILY TIER: Small ($\leq 1,549$ sqft) Average ($\geq 1,550$ to $\leq 4,650$ sqft) Large ($\geq 4,651$ sqft)

CHARGED THE WRONG NUMBER OF RESIDENCES OR UNITS Correct # _____ PROPERTY TYPE IS: Single Family Residential Mobile Home OR Mobile Home Park Apartments

MOBILE HOME(S) ELEVATED AND TOTAL IMPERVIOUS AREA ONSITE IS $< 1,550$ SQ.FT. (including dirt/gravel driveways, parking areas, etc.)*

*Requires photo(s) to show the elevation of the mobile home(s). Aerial photography and/or site visits will be used to determine total impervious area onsite.

PROPERTY IS VACANT - VOID OF ANY STRUCTURE, INCLUDING SLAB/FOUNDATION DEMO MUST HAVE OCCURRED PRIOR TO ASSESSMENT YEAR. UPDATED PROPERTY RECORD REQUIRED.

OTHER - PLEASE EXPLAIN IN DETAIL. USE ADDITIONAL SHEETS IF NECESSARY.

SECTION 4: ATTEST AND SUBMIT

By submitting this application, I attest that the information I am providing is true and complete to the best of my knowledge and belief, and that I have fully read and understand the guidelines, terms and conditions listed on this application.

IF SUBMITTING BY E-MAIL

IF SUBMITTING BY POST MAIL

CHECK THIS BOX

SIGN HERE _____

OFFICE USE ONLY	Date Received	RETURN BY JULY 31 TO CORRECT CURRENT YEAR INFO City of Jacksonville Adjustments stormwater@coj.net 214 N. Hogan Street, 10 th Floor Jacksonville, FL 32202
APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS:		