



**CITY OF NORMAN PUBLIC WORKS DEPARTMENT  
STORMWATER NEIGHBORHOOD ASSISTANCE PROGRAM  
APPLICATION FORM**



Please allow 90 business days for review of your request.

**Applicant Information:**

Name:	Mailing Address:	
Phone No.:	Email:	City, State & Zip Code:
Name:	Mailing Address:	
Phone No.:	Email:	City, State & Zip Code:

Please include a list of affected property owners as an attachment.

**Project Information:**

<b>Project Location</b>	Please provide a brief description of the project location.	
<b>DRAFT</b>		
<b>Is the project located on your property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is the project located on common ground?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is a state or federal agency involved or asking for this project to be completed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does on-site erosion or other structural deficiencies pose an immediate threat to any of the following?</b>		
House	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deck	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pedestrians	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Neighborhoods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Use Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Infrastructure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have engineering services been obtained?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will the City of Norman collect fees from the affected property owners to pay for cost match?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Will the completion of the project result in transfer of ownership of the property or additional easements?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Project Description:</b>		Please provide a brief description of the project.	
<b>Type of Infrastructure Involved:</b>			
<b>Estimated Project Cost, if known:</b>			
<b>Green Infrastructure Included:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Cost Match Information:**

Please include information on funding sources for Applicant's cost share. Provide commitment letters if available.

Funding Source	Amount

I (We), the undersigned owners of the property, understand and agree to the terms and conditions of the Neighborhood Assistance Program for the City of Norman, Oklahoma.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

**Please return completed Form and additional information to:**

Public Works - Stormwater Division, City of Norman, P.O. Box 370, Norman, OK 73070  
 Email: [pwstormwater@normanok.gov](mailto:pwstormwater@normanok.gov)