



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:

Project Location	Please provide a brief description of the project location.	
<div style="font-size: 100px; opacity: 0.3; transform: rotate(-10deg);">DRAFT</div>		
Is the project located on your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the project located on common ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a state or federal agency involved or asking for this project to be completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does on-site erosion or other structural deficiencies pose an immediate threat to any of the following?		
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
Have engineering services been obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the City of Norman collect fees from the affected property owners to pay for cost match?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the completion of the project result in transfer of ownership of the property or additional easements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Project Description:		Please provide a brief description of the project.	
Type of Infrastructure Involved:			
Estimated Project Cost, if known:			
Green Infrastructure Included:		<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)
_____ Signature	_____ Name (please print)
_____ Signature	_____ Name (please print)
_____ 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