Rain Garden Program Application

Applicant Name: __________________________________________

Phone number: ______________________________ Email address: ______________________________

Site Address: __________________________________________

Mailing Address (if different): __________________________________________

How did you hear about our program?

Please check answers for the following questions:

1. Is your property located in unincorporated Kitsap?  □ Yes  □ No  □ Do not know

2. Will the project treat water runoff from an existing structure (i.e. existing building or driveway; new construction is not covered by program)?  □ Yes  □ No

3. Has a KCD staff member conducted a site visit at your property?  □ Yes  □ No

4. Are you planning to sell, lease or rent your property in the near future?  □ Yes  □ No  □ Not sure

5. Project is intended to treat runoff from: (mark all that apply)  □ Driveway  □ Road  □ Roof  □ Other

   If other, please explain:

6. Stormwater runoff from existing structure currently flows:  □ into a road ditch or storm drain

   □ directly into a waterway (stream, lake, etc.)  □ into low spots on property

   □ into a grassed or native habitat area  □ Other

   If other, please explain:

Please indicate which type(s) of project(s) you are interested in: (Check all that apply)

□ Rain Garden  □ Soakage Trench  □ Permeable Pavement  □ Cistern

□ Landscape modification (with native plants)  □ Landscape modification (lawn aeration & topdressing)
After receiving this application, KCD will evaluate the site for approval by meeting on site with the landowner. Submitting this application alone does not guarantee reimbursement of funds. Before work can begin, the landowner must sign a Rain Garden Program Agreement with KCD to participate in the reimbursement program. Resources will be allocated based on availability of funds and environmental benefits. 

(Project must comply with KCD specification guidelines. Reimbursement funds will not exceed project expense receipts. Landowner labor cannot be reimbursed.)

**Contractor Estimate:** (please include estimate and design plans if available)

If you have consulted a contractor for this project, please provide contractor details (A Rain Garden Program Agreement must be signed and dated before any expenses can be reimbursed):

Company Name:

Contact Name:

Address:

Phone:

Email:

Web Site:

By signing this application, I certify that I am the owner of the project site and that the information I have provided is complete and accurate to the best of my knowledge. I understand this application is not a contract, and does not guarantee assistance or guarantee funds will be provided.

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For KCD Use Only:

Matrix Rating: __________________________ Priority Level: __________________________ (1 = Low, 5 = High)

- [ ] Accepted
- [ ] Not Accepted

Comments:

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