

PERMEABLE SURFACE REBATE PROGRAM

PROJECT COMPLETION FORM	
Name:	Email:
	Phone:
or design that have occurred during the (indicating that the project has been pathe bottom of this page. Upon review of	e installation process. Please return this form, along with after photos and a final invoice aid in full) to the Alliance for the Chesapeake Bay using the contact information provided at of these documents, you will be contacted to schedule a post-construction inspection for final e sent within six weeks after final project approval is obtained.
POST-CONSTRUCTION INFORMATI	ON
Installation Date:	Ms. Utility Ticket Number:
 □ No changes to the original project size and design have occurred, one cubic foot (6.25 gallons) of joint aggregate stone is present on the property for continued self-maintenance (if so, stop here and turn in this form) □ Changes to the original project size or design have occurred (if so, complete and return this form) 	
PROJECT CHANGE INFORMATION	
Final Cost: Total project cost: \$	
Final Size:	
Vegetation project area:	square feet
Permeable paver project area:	square feet
Stormwater drainage area:	square feet (ex: roof area redirected to project through downspout)
Total treatment area:	square feet(project area + stormwater drainage area)
PARTICIPANT FEEDBACK	
Comments:	