

**CITY OF LADUE**  
**STORMWATER FUNDING APPLICATION**

Fill in information requested below, and use additional sheets if required: **Deadline for Submittal: June 30, (annually).** Mail or drop off the application and questionnaire at 9345 Clayton Road or fax to 314-994-3195

Project Address: \_\_\_\_\_

Applicant (Ladue Property Owner): \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of site visit with Public Works Department Representative: \_\_\_\_\_

1. Description of Problem & Location (Include a location map or photos if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Description of Proposed Solution (Include site plan or sketch. Site plan must include location of proposed storm water remediation work and direction of storm water flow with directional arrows)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Estimate Project costs (If available):

- a. Design: \$ \_\_\_\_\_
- b. Construction: \$ \_\_\_\_\_
- c. Total Project Cost \$ \_\_\_\_\_
- d. Property Owner Matched Amount \$ \_\_\_\_\_ (owner match may exceed 50%)

**(Maximum match to be paid by the City is 50% of project cost up to a total City match of \$25,000 per project)**  
**(Minimum project cost is \$5,000 with City match of \$2,500)**

4. Number of Homes Benefited: \_\_\_\_\_

5. Name of Phone Number of Designer (If other than Applicant): \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Phone Number of Owner/Representative

\_\_\_\_\_  
Date

.....  
FOR OFFICE USE: DATE RECEIVED: \_\_\_\_\_