



**APPEAL APPLICATION  
WATERSHED PROTECTION AND  
RESTORATION FEE (WPRF)**  
***MATH ERROR OR INCORRECT IMPERVIOUS***

**Return to:**  
**Attn: WPRF Appeals**  
**Anne Arundel County DPW**  
**2662 Riva Road, MS 7310**  
**Annapolis, MD 21401**

Owner: Last name	First name	Company/Organization (if applicable)
Applicant (if different than owner): Last name	First name	Company/Organization (if applicable)
Tax Account Number (ex. 1234-4567-8912)		
Property Address		
Phone	Email	
Mailing address, if different		

For additional information or to complete an electronic application, see the County website at [www.aarivers.org](http://www.aarivers.org).

**APPEAL BASIS: Mathematical error or incorrect impervious surface calculation.**

**REASON (Check all that apply):**

- ☐ Mathematical error in the calculation of the fee
- ☐ Incorrect calculation of the property's impervious surface  
*Include documentation showing the property's impervious surface  
(e.g., plans, reports, photos)*

**EXPLANATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resources**

**WPRF Calculation Formulas:** The calculations used to determine the WPRF vary by property type. Depending on the property type the WPRF will either be calculated using the amount of impervious surface on the property or will be a flat rate. The calculation formulas can be viewed at [www.aacounty.org/departments/public-works/wprp/watershed-protection-restoration-fee/wprf-rate-information](http://www.aacounty.org/departments/public-works/wprp/watershed-protection-restoration-fee/wprf-rate-information).

**My Anne Arundel mapping application:** Look up your WPRF, impervious amount, and zoning category at [www.aacounty.org/myannearundel](http://www.aacounty.org/myannearundel).

**Please attach any additional information supporting your appeal.**

**Sign the following statement:**

I/we, the undersigned do hereby declare under the penalties of perjury that the information provided on and with this application is, to the best of my/our knowledge and belief, true, correct, and complete. I/we also understand that the failure to provide all information and/or documentation as required is a basis for a denial of the appeal. I/we understand that by filing this appeal, we are authorizing the Department of Public Works to confirm the information provided with this application, including, but not limited to, inspecting and entering the property to verify the amount of impervious surface area. I/we understand that if the Department of Public Works grants the appeal and it results in a change in the stormwater remediation fee, I/we will be issued a new bill. I/we understand that if I/we are aggrieved by the decision of the Department of Public Works, I/we shall pay the stormwater remediation fee, may request a refund and if a refund is denied, may appeal to the Maryland Tax Court in accordance with Article 24, § 9-710 and 9-712 of the Annotated Code of Maryland.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_