CITY OF PORTLAND Stormwater Management Manual

SPECIAL CIRCUMSTANCES

APPLICATION FORM

Please fill this form out completely.

For assistance in completing it, consult with the Bureau of Environmental Services (BES) staff assigned to review your proposal or with BES staff in the Development Services Center. Refer to Section 1.5.1 of the 2016 Stormwater Management Manual for the complete Special Circumstances Submittal Requirements.

(for staff use only)	
Received by:	
Date:	
Deemed complete on:	

A complete Special Circumstances submittal consists of this form, the Special Circumstances Application Fee (if applicable), one (1) set of plans, and any supplemental information that support this Special Circumstances request. Plans should clearly indicated the new or redevelopment impervious area and proposed stormwater management.

I. PROJECT INFORMATION	
SITE INFORMATION	
Permit Number/LUR Case/Public Works Project Number:	
Site ID (R number(s)):	
Project Location/Site Street Address:	
City/State/Zip:	
Project Name (if applicable):	
Special Circumstances request location (choose one):	Private property
APPLICANT INFORMATION	OWNER INFORMATION (if applicable)
Applicant Name:	Owner Name:
Applicant Business Name:	Owner Mailing Address:
Applicant Mailing Address:	City/State/Zip:
City/State/Zip:	— Owner Email Address:
Applicant Phone Number:	<u> </u>
Applicant Email Address:	<u> </u>
Describe development or improvement proposal (one set of	plans must be submitted that match this description):

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2. SPECIAL CIRCUMSTANCES INFORMATION Describe Special Circumstances request: · Why are stormwater management facilities not technically feasible? • Why should this proposal be considered given the stormwater management requirements of Chapter 1? 3. STORMWATER MANAGEMENT INFORMATION Describe any existing and any proposed onsite stormwater management, including any impervious area mitigation measures (tree credit, pervious pavement, ecoroof) or stormwater management facilities that would provide partial onsite management. Where will stormwater be conveyed and discharge to if this Special Circumstances is approved: ☐ Onsite Infiltration Storm-only system: Watershed or waterbody: Location of storm-only sewer: Combined Sewer: Location of combined sewer: Signature: _ Date:

Print Name:

☐ Applicant ☐ Owner

_____ I am the