



STAFF REVIEW SPECIAL CIRCUMSTANCES APPLICATION FORM

Staff Review Special Circumstances Requirements

Staff review special circumstances apply to projects or portions of projects that require stormwater management and propose to do one or more of the following:

1. Add or replace impervious area to meet Americans with Disabilities Act (ADA) requirements;
2. Create, expand, or replace pedestrian paths or walkways on property that cannot be managed otherwise;
3. Have incidental areas totaling less than 500 square feet that cannot be managed, when other areas meet SWMM requirements;
4. Create, expand, or replace pedestrian facilities in the right-of-way outside of travel and parking lanes (e.g., sidewalk, shoulder widening);
5. Construct right-of-way improvements through a public works permit when
 - a. The property has less than 120 feet of frontage per block face or
 - b. The property is in the combined sewer system and a sed-sump system cannot be used; or
6. Construct right-of-way improvements in the combined sewer system when a lined facility is required, and there are no pipe capacity problems that would be mitigated by a lined facility.

PROJECT 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): _____

APPLICANT INFORMATION

Applicant Name/Business: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

OWNER INFORMATION (if applicable)

Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

Owner Email: _____

Briefly describe and attach a site plan that clearly shows the area requesting special circumstances review:

Request Location (choose only one): Private property Right-of-way

A. Project Impervious Area: (only include area meeting the criteria described above) _____ ft²
The 1,000-square-foot threshold is determined prior to applying tree credits.

B. Applicable Tree Credit: (only applicable for improvements in the ROW, attach Tree Credit Form) _____ ft²

C. Project Impervious Area subject to Special Circumstances Fee (unmanaged impervious area): _____ ft² (subtract B from A)

D. Discharge Point (options include: storm, combo, sed/sump, stream/drainageway, onsite infiltration) _____

Applicant or Owner's Signature: _____ Date: _____

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For staff use only

Received by: _____ Date: _____ US Folder Number: _____

Approved as submitted

Approved with corrections (see below for final unmanaged area)

Rejected (does not qualify)

Approved at land use review; pay with building/public works permit (*circle one*)

Current offsite management rate: _____ Unmanaged impervious area _____ ft² Fee total _____

IVR# _____