



STAFF REVIEW SPECIAL CIRCUMSTANCES APPLICATION FORM

Only use this form for the portions of your project where either of the following apply:

- The project creates, expands or replaces pavement in the sidewalk corridor behind an existing curb in the right-of-way;
- The project creates, expands, or replaces pedestrian paths or walkways that cannot be otherwise managed;
- The project adds or replaces impervious area to meet Americans with Disabilities Act (ADA) requirements.

If none of the above scenarios apply, this form is not applicable to your project.

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

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)

Applicant or Owner's Signature: _____ Date: _____

(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 _____