



CITY OF PORTLAND
Source Control
Manual

SOURCE CONTROL

SPECIAL CIRCUMSTANCES

This form is required if you are requesting alternatives to standard structural source controls or exceptions to the City's Source Control Manual requirements. This form may also be used for other pollution prevention requests an applicant would like reviewed by Environmental Services staff.

Special Circumstances will require an additional review process and may delay issuance of related building permits. If this request cannot be satisfied by Source Control Special Circumstances review process, an applicant may request an Administrative Review.

Date of Request: _____ Building Permit Application Number: _____

1 SITE INFORMATION

Site Name (if applicable): _____

Phone: _____

Address or Location: _____

City/State/Zip: _____

Type of Business: _____

Facility Contact or Owner: _____

2 APPLICANT INFORMATION

Applicant Name: _____

Applicant Phone: _____ Applicant Email: _____

Applicant Mailing Address: _____

City/State/Zip: _____

3 SPECIAL CIRCUMSTANCE REQUESTED *(check appropriate box and provide a description)*

Request for an alternative source control method.

Request for review of EXCEPTION qualifications.

Other

Please describe:

SOURCE CONTROL

SPECIAL CIRCUMSTANCES

4 THE FOLLOWING ITEMS NEED TO ACCOMPANY THIS FORM:

- A detail or vendor specification for each alternative source control.
- A site plan of the facility/property clearly identifying the location on the site that will be impacted by this special request and an O&M Form.

Existing and proposed utilities may need to be shown to ensure regulatory compliance with local, state and federal regulations. (A hand-drawn sketch, not to scale, is acceptable as long as it is legible.)

- A check made payable to the City of Portland for the Special Circumstance Review application fee (see Sewer and Drainage Rates and Charges Fee Schedule for current fees).

Provide a brief explanation for your request (*use additional pages if necessary*):

Signature: _____ Date: _____

Printed Name: _____

(for office use only)

Received by: _____ Date: _____

Fee Required: Yes No

Fee Paid: Yes Check No. _____ No

Approved Denied Other (see comments below)

City Comments:

Signature: _____ Date: _____