LOW IMPACT DEVELOPMENT STORMWATER FACILITY INFORMATION FORM



ABOUT THE LOW-IMPACT DEVELOPMENT STORMWATER FACILITY INFORMATION FORM

The Single-Family Residence (SFR) Low Impact Development (LID) Stormwater Facility Information Form (FIF) is a document used to track, identify, and maintain stormwater facilities. Each LID FIF should have an attached sketch showing all the stormwater components.

The submitted sketch is used for inspection and maintenance purposes. It should not be submitted as a typical site plan, but rather a scaled-down version only depicting relevant storm system and site information.

Submittal Instructions

Complete & save this form before uploading it to MyBuildingPermit.com in the "File Upload" section along with the rest of the submittal documents.

Resources

King County iMap Sammamish Property Tool

Questions?

Submit Project Guidance Visit the Permit Center

> City of Sammamish 801 228th Ave SE Sammamish, WA 98075 www.sammamish.us

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Include the development's name and location.

devices, etc.).



STORMWATER FACILITY INFORMATION					
Type of Fac	ility: Residential				
Facility Sket	tch Attached? Yes		Facility Numbers: (Assigned by City Staff)		
Year of Stor	rmwater Design Manual:	KCSWDM _			
Plat or Proj	ect Name:				
Facility Location:					
	(Tract Name, Parcel Number, and Nearest	: Address)			
Latitude:		Longitude:			
Components: (e.g., Infiltration Trench, Rain Garden, Drywell, etc.)					
1					
2					
3.					
SUBMITTAL CHECKLIST					
Please upload one PDF with the title SFR Stormwater Facility Information that includes the following items:					
□ 01. C	completed SFR LID Stormwater Facility In	nformation Fo	orm		
_	Please complete a separate form for	each facility			
□ 02. R	equired Facility Sketch (see Attachment	1 for examp	le)		
_	Include a North arrow.				
_	Provide a legend.				

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- Document all relevant storm system and site information (pipes, catch basins, dispersion

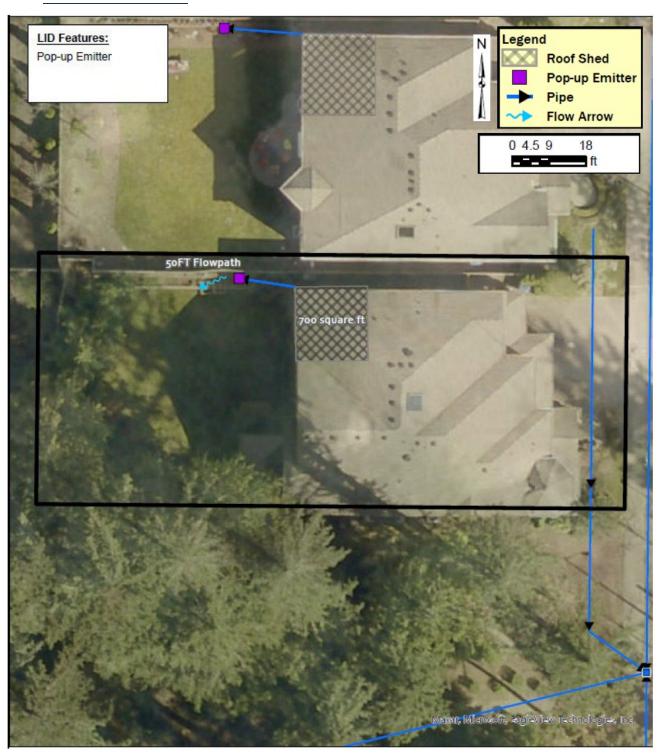
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ATTACHMENT 1: REQUIRED FACILITY SKETCH (SAMPLE)

SFR LID Facility Number:		Address:	
Development Name:	Draw	n By:	

Date:



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