

801 – 228th Avenue SE  Sammamish, WA 98075  Phone: 425-295-0500  Fax: 425-295-0600  web: [www.sammamish.us](http://www.sammamish.us)

**SURFACE WATER DESIGN MANUAL REQUIREMENTS / STANDARDS ADJUSTMENT REQUEST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Name: | | | Project File No:  Engineer/Planner Name: | | |
| Project Address: | | | Design Engineer: | | Phone: |
| Applicant/Agent\*\*: | | Phone: | Signature of Design Engineer: | | Date: |
| Signature of Applicant/Agent: | | Date: | Engineering Firm Name: | | |
| Address: | City, State, ZIP: | | Address: | City, State, ZIP: | |

**INSTRUCTIONS TO APPLICANT/DESIGN ENGINEER:**

Please be sure to include all materials (Level One Downstream Analysis, Certification of Applicant Status form, sketches, photos, maps, and communication with the downstream property owners, when appropriate) that may assist in complete review and consideration of this adjustment request. Failure to provide all pertinent information may result in delayed processing or denial of request. Please submit two complete copies of this request, application form to the City of Sammamish, 801 228th Avenue SE, Sammamish, WA 98075.

**REFER TO CHAPTER 1, SECTION 1.4 OF THE SURFACE WATER DESIGN MANUAL FOR ADJUSTMENTS**

\*\*Applicant/Agent is the individual financially responsible for all fees

**DESCRIPTION OF ADJUSTMENT REQUEST:**  Standard  Complex  Experimental  Blanket  Pre-application

**APPLICABLE VERSION KCSWDM:**  1998  2009  2016  2021

|  |  |
| --- | --- |
| **APPLICABLE SECTION(S) OF STANDARDS:** |  |

**JUSTIFICATION PER KCSWDM SECTION 1.4.2:**  Attach justification on additional sheet.

**AUTHORIZATION SIGNATURES:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETERMINATION:** | Approval | | | | Conditional Approval (see below) | | | | Denial | | | | |
|  | |  | | | | |  | | | |  | | |
| Staff recommendation signed: | | | |  | | | | | | Date: | |  |  |
|  | |  | | | | |  | | | |  | | |
| **CONDITIONS OF APPROVAL:** | | |  | | | |  | | | |  | | |
|  | |  | | | | |  | | | |  | | |
| See attached memo dated: | | | |  | |  | | | | |  | | |
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PUBLIC WORKS DEPARTMENT DIRECTOR / DESIGNEE:

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| **Stormwater Program Manager** | | | | | | **Public Works Director** | | | | | |
|  | |  | | | |  | |  | | | |
| Signed: |  | | Date: |  |  | Signed: |  | | Date: |  |  |
|  | |  | | | |  | |  | | | |

***Check out the City of Sammamish Public Works Department Web site at: https://***[***www.sammamish.us/departments/publicworks/Default.aspx***](http://www.sammamish.us/departments/publicworks/Default.aspx)