CITY OF LONG BEACH

Community Development Department
Building and Safety Bureau
411 W. Ocean Boulevard, 2nd Floor, Long Beach, CA 90802
562.570.PMIT (7648) | longbeach.gov/lbcd

FORM-009

Low Impact Development (LID) Standard – Project Information

APPLICANT:	DATE:
PROJECT ADDRESS:	PROJECT NUMBER:

RESIDENTIAL – 4 UNITS OR LESS

Choose at least two LID measures and provide the required information in each column:

LID BMP MEASURES

Total Drainage (square foot)	**Rain Barrels** (# 55 gal barrels)	**Rain Gardens** (square foot)	**Planter Boxes** (square foot)	**Dry Wells** (gallons)		**Permeable Pavement** (square foot)		**# of Trees** (quantity)
				Fill	w/o Fill	1 ft subbase	2 ft subbase	

Off-Site Runoff Mitigation Fee $_____ ($3.87 per sq ft of non-infiltrated or non-treated water for first 3/4").

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge.

Owner's Signature **Date**

NON-RESIDENTIAL RESIDENTIAL – 5 UNITS OR MORE

Development Type ***(Check the appropriate category)*****:** ☐New Development ☐Redevelopment

Land Use ***(Check the appropriate category)*****:**

☐Residential/5-Units or More ☐Non-Residential ☐Industrial ☐Institutional ☐Transportation

☐Open Space ☐Mixed Use ☐Other: _____

Off-Site Runoff Mitigation Fee $_____ ($3.00 per sq ft of non-infiltrated or non-treated water for first 3/4").

PROJECT INFORMATION*

Total Drainage Area Managed by Project (acres)	**Average Imperviousness** (%)	**Average Perviousness** (%)	**Project Design Volume** (cubic feet)	**Total Volume Capacity of BMPs** (cubic feet)	**BMP Footprint** (square foot)	**BMP Type** (e.g. infiltration, biofiltration, harvest and use)

*Please provide the information requested in each column. The table is intended to represent the **cumulative data** of the project. If multiple LID BMPs are proposed, the data must be summed.

I certify that the volume capacities provided herein correspond with the approved Low Impact Development (LID) Plan and comply with the requirements established by the California Regional Water Quality Control Board and the State Water Resources Control Board for Low Impact Development (LID) Plans.

Affix Registered Design Professional Wet Ink Stamp Here

Registered Design Professional's Signature **Date**

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at longbeach.gov/lbcd and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.