



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:								
	<b>LID BMP MEASURES</b>								
	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	
	<b>Off-Site Runoff Mitigation Fee</b> \$ _____ (\$3.00 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	<b>Development Type</b> (Check the appropriate category): <input type="checkbox"/> New Development <input type="checkbox"/> Redevelopment  <b>Land Use</b> (Check the appropriate category): <input type="checkbox"/> Residential/5-Units or More <input type="checkbox"/> Non-Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Transportation <input type="checkbox"/> Open Space <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other: _____  <b>Off-Site Runoff Mitigation Fee</b> \$ _____ (\$3.00 per sq ft of non-infiltrated or non-treated water for first 3/4").								
	<b>PROJECT INFORMATION*</b>								
	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 <b>cumulative data</b> 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.					<b>Affix Registered Design Professional Wet Ink Stamp Here</b>			
Registered Design Professional's Signature				Date					

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at [longbeach.gov/lbds](http://longbeach.gov/lbds) 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.