FORM-009
Low Impact Development (LID) Standard – Project Information

APPLICANT:  

DATE:  

PROJECT ADDRESS:  

PROJECT NUMBER:  

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

<table>
<thead>
<tr>
<th>LID BMP MEASURES</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Drainage</td>
<td></td>
<td>Rain Barrels</td>
<td>Rain Gardens</td>
<td>Planter Boxes</td>
<td>Dry Wells</td>
<td>Permeable Pavement</td>
<td># of Trees</td>
</tr>
<tr>
<td>(square foot)</td>
<td></td>
<td>(# 55 gal barrels)</td>
<td>(square foot)</td>
<td>(square foot)</td>
<td>(gallons)</td>
<td>(square foot)</td>
<td>(quantity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fill</td>
<td>w/o Fill</td>
<td>1 ft subbase</td>
</tr>
</tbody>
</table>

Off-Site Runoff Mitigation Fee $_______________ ($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

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*:

<table>
<thead>
<tr>
<th>Total Drainage Area Managed by Project</th>
<th>Average Imperviousness (%)</th>
<th>Average Perviousness (%)</th>
<th>Project Design Volume (cubic feet)</th>
<th>Total Volume Capacity of BMPs (cubic feet)</th>
<th>BMP Footprint (square foot)</th>
<th>BMP Type (e.g. infiltration, biofiltration, harvest and use)</th>
</tr>
</thead>
</table>

*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’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 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.