

Surface Water Design Manual Requirements / Standards Adjustment** Request

Project Name:		Permitting Project File No:	
		Permitting 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, and maps) 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 this request and application form to PermitCenter.DPER@kingcounty.gov. For more information, call 206-296-6600.

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

DESCRIPTION OF ADJUSTMENT REQUEST:	Standard Standard	Complex	Experimental	🗌 Blanket	Pre-application
APPLICABLE VERSION KCSWDM:	2005 (1/0	05) 2009	0 (1/09) 2010	6 (4/16)	2021 (7/21)

JUSTIFICATION PER KCSWDM SECTION 1.4.2:
See attachments listed below.

AUTHORIZATION	I SIGNATURES:							
DETERMINATION:	Approval	Conditional Approv	al (see below)	Denial				
DNRP/WLRD Approval Signed:		Date:			(Experimental & Blanket only)			
Permitting Staff Recommendation Signed:		Date:						
Conditions of Appro	oval:							
See attached r	nemo dated:							
Permitting DIRECTOR / DESIGNEE:								
Permitting, Engineering Review Supervisor:		Permitting, Site Engineering & Planning Supervisor						
Signed:		Date:	Signed:		Date:			
Department of Local S	Services, Permitting D	ivision	I					