



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:
Signature of Applicant/Agent:	Date:	Date:
Address:	City, State, ZIP:	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.

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

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

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

APPLICABLE VERSION KCSWDM: 2005 (1/05) 2009 (1/09) 2016 (4/16) 2021 (7/21)

JUSTIFICATION PER KCSWDM SECTION 1.4.2: See attachments listed below.

AUTHORIZATION SIGNATURES:

<p>DETERMINATION: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval (see below) <input type="checkbox"/> Denial</p> <p><input type="checkbox"/> DNRP/WLRD Approval Signed: _____ Date: _____ (Experimental & Blanket only)</p> <p>Permitting Staff Recommendation Signed: _____ Date: _____</p>
<p>Conditions of Approval:</p> <p><input type="checkbox"/> See attached memo dated: _____</p>

Permitting DIRECTOR / DESIGNEE:

<p>Permitting, Engineering Review Supervisor:</p> <p>Signed: _____ Date: _____</p>	<p>Permitting, Site Engineering & Planning Supervisor</p> <p>Signed: _____ Date: _____</p>
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