

DEPARTMENT OF PUBLIC WORKS
111 Maryland Avenue, Rockville, Maryland 20850, 240-314-8500

STORMWATER MANAGEMENT CONCEPT (SMC) APPLICATION

(Refer to Chapter 19 Article I Section 19-2 for definitions of terms shown below as bold italics)

GENERAL PROJECT INFORMATION:

Concept is for individual **Single Family Dwelling Unit** Only Yes No Zoning _____

Project Name: _____

Property Description: Subdivision: _____ Lot(s) and Block(s) _____ Parcel(s) _____

Address (if available): _____

Tax ID(s): _____

Applicant: _____ Contact Person: _____

Address: _____

E-mail Address: _____ Telephone No: _____

Property **Owner** (if different from above): _____ Contact Person: _____

Address: _____

E-mail Address: _____ Telephone No: _____

Engineering Firm/Contractor: _____ Contact Person: _____

Address: _____

E-mail Address: _____ Telephone No: _____

Application is for (Check one): **Pre-Application SWM Concept** **Development SWM Concept** **Both** (Combined)

Type of Plan submitted to CPDS: (Check only one) PAM Plan for STP _____, STP, Major STP Amendment _____,

Minor STP Amendment _____, PAM Plan for PJT _____, PJT _____, PAM for SPX _____, SPX _____, Mandatory Referral _____, SFD _____

Watershed (check all that apply if in more than one): Rock Creek Watts Branch Cabin John Muddy Branch

Hydrologic Soil Group(s) found on-site (Check all that apply) A B C D

SITE/DEVELOPMENT PROJECT INFORMATION

Total **Site Area*** (excludes ex. adjacent ROW but includes proposed **ROW** dedication) _____ acres, _____ square feet

***Development Project Area** if **Land Disturbance Activity** is less than 50% of the Total **Site Area** _____ acres, _____ square feet

Development Project Disturbed Area _____ (square feet) Percent of Total Site disturbed _____%

Total Site Ex. **Impervious Area** _____ (acres) Percent of total Site covered by ex. Impervious Area _____%

Redevelopment **Development** (Note if % of Site that is impervious is greater than 40% project is considered to be a **Redevelopment** for SWM purposes)

Impervious Area required to be treated (excludes ex. **ROW**): _____ (acres)

ADJACENT RIGHT-OF-WAY (ROW)

Impervious Area in the adjacent ROW: _____ acres (existing plus proposed plus replacement)

Impervious Area in the adjacent ROW required to be treated: _____ acres (existing plus proposed plus replacement) Note: Refer to City SC and SWM Regulations Article II. Division 2.C. Calculating the Right-of-Way to be treated for more information.

SWM PROPOSED BY THIS APPLICATION (check all that apply):

ESD Measures

- | | |
|--|--|
| <input type="checkbox"/> Green Roof | <input type="checkbox"/> Dry Well |
| <input type="checkbox"/> Permeable Pavement | <input type="checkbox"/> Recharge Chamber |
| <input type="checkbox"/> Reinforced Turf | <input type="checkbox"/> Micro-Infiltration Trench |
| <input type="checkbox"/> Disconnect Rooftop | <input type="checkbox"/> Micro-Bioretenention |
| <input type="checkbox"/> Disconnect Non-Rooftop | <input type="checkbox"/> Micro-Bioretenention Box |
| <input type="checkbox"/> Sheetflow to Conservation | <input type="checkbox"/> Rain Garden |
| <input type="checkbox"/> Cistern(s)/Rain Barrel(s) | <input type="checkbox"/> Grass Swale |
| <input type="checkbox"/> Landscape Infiltration | <input type="checkbox"/> Wet Swale |
| <input type="checkbox"/> Infiltration Berm | <input type="checkbox"/> Bio-Swale |
| | <input type="checkbox"/> Other ESD _____ |

Non-ESD Measures

- Structural Underground Water Quality with storage
- Compensation
- Other _____

Alternatives

- Monetary Contribution Full Cpv
- Monetary Contribution Full Wq
- Monetary Contribution Partial Wq
- Other _____

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- On Site Control
- Monetary Contribution
- Other _____

If proposed SWM is not in list above please provide a description here:

Review Fee included with this Application: \$ _____

SIGNATURE OF PROPERTY OWNER/APPLICANT:

Applicant's Signature: _____ Date _____

Name and Title (Please Print): _____

If Applicant is not the Property Owner:

I hereby certify that I am the Property Owner and I have authorized the filing of this application and these plans for review.

Property Owner's Signature: _____ Date _____

Name and Title (Please Print): _____