Stormwater Urban Runoff Reduction Plan Form
City of Binghamton

Date of Submission _____

Owner/Operator Information

Owner/Operator Company Name _____

Owner/Operator Contact Person _____

Phone Number _____ Address _____

Fax _____ City _____ State _____ Zip _____

Email (Owner/ Operator) _____

Project Site Information

Project/Site _____

Street Address(s) _____

_____

Side of Street: North ____☐____ South ____☐____ East ____☐____ West ____☐____

City _____ State _____ Zip _____

Name of Nearest Cross Street _____

Tax Map Number(s) _____

Proposed Start Date _____ Proposed Completion Date _____

Project Use

What is the Nature of this Project?

- ☐ New Construction
- ☐ Redevelopment with **Increase** in Impervious Area
- ☐ Redevelopment with **No Increase** in Impervious Area

What is the Land Use for both Pre and Post development Conditions?

Pre-Developed Existing Land Use _____

Post-Developed Future Land Use _____

Project Site Area (In Square Feet)

Total Site Area _____ (SF) Total Area to be Disturbed _____ (SF)

Existing Impervious Area _____ (SF) Future Impervious Area _____ (SF)

Total of Any Offsite Disturbed (If Applicable) _____ (SF)

Site Runoff

Does the Site Runoff, Enter the Municipal Separate Storm Sewer System?

- ☐ Yes
- ☐ No

Does the Site Runoff, Enter the Combined Storm/ Sewer?

- ☐ Yes
- ☐ No

Stormwater Management Practice

Description of Temporary Stormwater Management Practices for Erosion and Sediment Control

_____

_____

_____

_____

_____

Description of Permanent Stormwater Management Practices and green Infrastructure

_____

_____

_____

_____

_____

Please Provide Any Other Information Relevant to Stormwater Management for this Site

_____

_____

_____

_____

_____

Urban Runoff Reduction Plan Requirements

Pre vs. Post Development Conditions (for 10-Year, 24-Hour Storm Event) **(Required)**

Existing Condition Runoff _____ (cfs) ☐ Supporting Documentation Attached

Proposed Condition Runoff _____ (cfs) ☐ Supporting Documentation Attached

Percentage of 10 – Year, 24 Hour Storm Event Retained Onsite for Re-developed conditions

_____%

Urban Runoff Reduction Plan Requirements Continued

Percolation Test **(Required)**

Site Location Drawing Attached

- ☐ Yes
- ☐ No

Number of Test Locations _____

Test Results Attached ☐ Supporting Documentation Attached

- ☐ Yes
- ☐ No

Provide Any Other Additional Information Relevant for This Site (Supporting Documentation)

_____

_____

_____

_____

Does This Project Meet the Criteria of Retaining a 10-Year, 24 Hour Storm Event onsite?

- ☑ Yes
- ☐ No

If 'No' Summarize the Specific Limitations and Justifications for Not Retaining 100% of the Required Runoff _____

_____

_____

_____

_____

Has a Long-Term Operations and Maintenance Plan for the Post Construction Stormwater Management Practices Been Developed?

- ☐ Yes
- ☐ No

Has a Sediment and Erosion Control Plan been Created for this Site?

- ☐ Yes
- ☐ No

Required Material/Documentation for Submission (With Plan)

Required With Supporting Documentation (If Applicable)

- ☐ Percolation Test Results
- ☐ Site Map of Existing Conditions
- ☐ Site Map of Proposed Conditions
- ☐ Permanent Practice Specifications
- ☐ Comparison of Runoff of Existing and Proposed Conditions

- ☐ Sediment and Erosion Control Plan
- ☐ Construction Sequence
- ☐ Description and Plans for Stormwater Management Practices
- ☐ Maintenance Plan

Owner/Operator Signature

Print First Name _____ MI _____

Print Last Name _____

Owner / Operator Signature:

_____

Date _____

Please return application to:

City of Binghamton Engineering Department
Attn: Stormwater Management Officer
38 Hawley Street, 3rd Floor, City Hall
Binghamton, NY 13901

Phone (607) 772-7007

Official Use Only

- ☐ Plan Approved _____
- ☐ Plan Denied _____
- ☐ Revise and Resubmit (See Comments)

Stormwater Management Officer _____ Date _____