



Land Use Planning Division
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**STORM WATER DRAINAGE CONTROL CERTIFICATE
 FOR LAND DIVISIONS & PROPERTY LINE ADJUSTMENTS**

Please take your proposed Tentative Plan Map to an Oregon Licensed Professional Engineer and have them complete this Certificate for each proposed or reconfigured parcel/lot:

Existing Property Address: _____

Current Legal Description: _____

Proposed Parcel/Lot #: _____ **Proposed Parcel/Lot Size (acres):** _____

Square Footage of Existing Impervious Surfaces: _____

Construction of an on-site storm water drainage control system is not required. The rate of surface storm water run-off rate or volume attributed to the existing or proposed development (during a 10-year/24-hour storm event) on the new or reconfigured parcel at all property lines is no greater than that occurring before division or adjustment. **I certify through the attached stamped and signed site plan and stamped and signed calculations dated _____ that the proposal will meet the requirements listed above.**

Construction of an on-site storm water drainage control system is required. The rate of surface storm water run-off rate or volume attributed to the existing or proposed development (during a 10-year/24-hour storm event) on the new parcel at one or all property lines will be greater than that occurring before division or adjustment. **I certify the attached stamped and signed site plan, stamped and signed storm water system design details, and stamped and signed calculations dated _____ will meet the requirements listed above.**

NOTE to Engineer: Please check one box above. Multnomah County does not use the City of Portland's storm water Ordinance. As part of your review, you must consider all new and existing structures and impervious areas and determine that the generated storm water is in compliance with Oregon law for a 10 year/24 hour storm event. This Storm Water Drainage Control Certificate does not apply to shingle or roof replacement on lawful structures.

Engineer's Stamp Below:

Signature _____

Print Name _____

Business Name _____

Address _____

Phone # _____

Date _____

