

DRAINAGE STUDY INFORMATION FORM

CARSON CITY PUBLIC WORKS

Name of Development: _____ Date: _____

Location of Development: a) Descriptive (Cross Streets North/South: _____
East/West: _____

b) Section: _____ Township: _____ Range: _____

c) APN: _____

Name of Owner: _____ Telephone No: _____

E-Mail: _____ Fax No: _____

Address: _____

Contact Person - Name _____ Telephone No: _____

Firm: _____ Fax No: _____

E-Mail: _____

Address: _____

Type of Land Development/Land Disturbance Process:

<input type="checkbox"/> Rezoning	<input type="checkbox"/> Subdivision Map	<input type="checkbox"/> Clearing and Grading Only
<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Other (Please Specify Below)
<input type="checkbox"/> Large Parcel Map	<input type="checkbox"/> Building Permit	

1. Total Owned Land Area: At Site: _____ Being Developed/Disturbed: _____

2. Is a portion or all of the subject property located in a designated FEMA Flood Hazard Yes* No

3. Is the property bordered or crossed by an existing or proposed Carson Regional Flood Control District Master Planned Facility? Yes* No

4. Proposed type of development (Residential, Commercial, Etc. _____

5. Approximate upstream land area which drains to the subject site: _____

6. Has the site drainage been evaluated in the past? Yes* No

If yes, please identify documentation: _____

7. If know, please briefly identify the proposed discharge point(s) of runoff from the site: _____

8. Briefly describe your proposed schedule for the subject project: _____

Submit this form as part of the required drainage study to the local entity which has jurisdiction over the subject property. This form may provide sufficient information to serve as the Conceptual Drainage Study.
* Review and concurrence of the Carson City Public Works is required.

Engineer's Seal		Revision	Date