

For Office Use Only

Application No. _____

Received By: _____

A. Responsible Individual (RI).

The RI is the person that will have direct responsibility for the maintenance of stormwater controls, maintain self-inspection records, and sign any correspondence with the City of Fort Bragg.

Name of RI: _____

Phone: _____

Project Name: _____

Physical Site Address and/or APN: _____

Include from the Stormwater Control Plan Worksheet the *Drainage Management Areas* tabulations (tables #1-4)

Include the site plan delineating the DMAs and the locations of the bioretention or equivalent facilities.

Include the final construction drawings of the stormwater facilities:

- Plans, elevations, and details of bioretention facilities.
- Construction details and specifications, including: depths of sand and soil, compaction, pipe materials, and bedding.
- Location and layouts of inflow piping and piping to off-site discharge
- Native soils (lenses beneath the facilities)

B. Scheduled Maintenance Activities

The following activities will need to occur on an annual basis. Frequency may need to be adjusted depending on facility.

- **Refuse removal:** remove trash that collects near the inlets or that is trapped by vegetation. Clean out soil and debris blocking inlets or overflows.
- **Control weeds:** manual methods and soil amendments; non-natural (synthetic) pesticides should not be used.
- **Add mulch:** add mulch to maintain a mulch layer thickness of ~ 3 inches.
- **Pruning and replanting vegetation:** it may be necessary to replace or remove vegetation to ensure the proper functioning of the facility.
- **Check irrigation:** if irrigation exists, check to make sure the system is working as intended.

An annual self-certification letter will be mailed to the RI. This letter will serve as verification that all the stormwater facilities on the property are being maintained and remain operational. The letter should be signed and returned within 30 days.

C. Updates to the O & M Plan

Contact information for the Responsible Individual should be current. If the RI changes, the City of Fort Bragg's Planning Department should be notified with the appropriate revisions.

D. O & M plans for other Facility Types

If your project included a non-standard stormwater treatment facility that was approved by the Planning Department, such as a tree-box type system, than the O & M should reflect the manufacturer's recommended maintenance scheduling.

E. Signature and Certification:

"I, the RI/applicant accept responsibility for operation and maintenance of stormwater treatment and flow-control facilities until such time as this responsibility is transferred to a subsequent owner. Furthermore, a condition on the property deed will be recorded with the County Recorder's office indicating that a stormwater facility is present on the property and that the maintenance responsibility will transfer with property ownership in perpetuity."

Signature of the RI

Date

Print Name

I am the:

Property Owner

Applicant

Contractor

RECORDED AT THE REQUEST OF:
City of Fort Bragg
416 N Franklin Street, Fort Bragg CA 95437

WHEN RECORDED MAIL TO:
City of Fort Bragg
416 N Franklin Street, Fort Bragg CA 95437

MAIL TAX STATEMENT TO:

Space above this line for Recorders's Use

Notice of Intent to Preserve Bio Retention Facility

I, _____ as owner thereof, do hereby give notice that the operation and maintenance plan for the Bio Retention Facility located at _____, is on file at the Planning and Building Department in the address file, City of Fort Bragg, State of California.

The following described real property of Exhibit A hereto attached and incorporated herein by reference, such property having AP _____.

Dated _____,

X _____

A notary or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF MENDOCINO

On _____, before me, _____ the undersigned Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and who acknowledged to me that he/she executed the same in his/her authorized capacity, and that his/her signature on the instrument he executed the instrument.

I certify under the penalty of perjury by and under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Public _____
