



Natural Resource Notification of Activity

Required Application Fee: \$35.00 (UFS8441)
 Make checks payable to Whatcom County Planning and Development Services

For Administration Use

Permit#(s) _____ _____ _____ Received by: _____ Receipt #: _____ Date Paid: _____ Total Fees: _____ Reviews: <input type="checkbox"/> CA Wetland/HCA <input type="checkbox"/> CA Geo Hazards <input type="checkbox"/> Flood <input type="checkbox"/> Watershed	Date Stamp <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Notice of work to be performed in or near a Critical Area or Water Resource Special Management Area in compliance of the Whatcom County Code 16.16.235 and 20.80.735. This Notification should be submitted to the Whatcom County Planning and Development Services at least 10 working days before proposed starting date. No work shall commence until approval from Whatcom County is received. Review of this proposed activity may result in the requirement for a permit such as land disturbance, shoreline, etc. You will be notified if permits will be required for the proposed activity.

Notice of Activity Number (WCC16.16.235 Section A-K)

Check the Notice of Activity Number below that best describes your project.

- | | |
|---|---|
| <input type="checkbox"/> A. Emergency Construction | <input type="checkbox"/> F. Routine Site Investigation |
| <input type="checkbox"/> B. Maintenance | <input type="checkbox"/> G. Cleaning, Pruning, Revegetation |
| <input type="checkbox"/> C. Select Vegetation Removal | <input type="checkbox"/> H. Fish, Wildlife, Wetland Restoration |
| <input type="checkbox"/> D. Installation Navigation Aids/Boundary Markers | <input type="checkbox"/> I. Household herbicides, Pesticides |
| <input type="checkbox"/> I. Installation Mooring Buoys | <input type="checkbox"/> J. Routine Maintenance of Drainage Channels |
| | <input type="checkbox"/> K. Alteration or Removal of Beaver Structures
Less than 2 years old |

Agent/Contact Name: _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Phone # () _____

Fax # () _____ Email _____

Property Owner Name _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Phone # () _____

Fax # () _____ Email _____

Property Information

Site address _____

Assessor's Parcel Number _____

Parcel size: _____ in acres/square footage (if less than an acre please provide square footage)

Proposed start date _____ Proposed finish date _____

Type of affected Critical Area and/or watershed _____

Describe activity to be conducted (if more space is needed attach additional information sheets). Provide a site plan with this notification. Clearly identify location of proposed activity on the site.

I / We understand this work and/or activity may have adverse effects on the Critical Area and/or watershed processes, and acknowledge that special care must be taken to reduce or eliminate adverse effects. Effective sediment and erosion control measures must be installed and disturbed areas shall be restored as near as possible to the previous condition.

Description of sediment erosion control measures and/or restoration

SITE PLAN	<p>SCALED SITE PLAN REQUIRED</p> <ul style="list-style-type: none"> • The following information must be put on the scaled site plan and be consistent across the site plan. <ul style="list-style-type: none"> ○ All buildings, existing and proposed. ○ Parking, access roads and driveways. ○ Critical areas (e.g.: wetlands, streams) located. ○ Ditches. ○ Property lines, corner pins. ○ Topography (contours, slope grade). ○ Utilities. ○ Erosion and Sedimentation Control Measures. • Show any trees that are to be removed. • <i>Incomplete or inadequate site plan can significantly delay processing.</i> <p><i>(Note: Incomplete applications are not accepted)</i></p>
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I / We the undersigned acknowledge and accept the responsibility for the progress and completion of this project. Any unforeseen problems or plan changes will immediately be brought to the attention of the County Technical Administrator.

Signed _____ Date _____ Signed _____ Date _____

Print Name

Print Name

FOR AGENCY USE

Approved _____ Date _____

Additional Information/permits required _____