



## Natural Resource Assessment/ Site Plan Technical Review Application

### Documents Required for Submittal:

\*NOTES: If a proposal is within the shoreline jurisdiction please use appropriate shoreline application form.

- Completed and signed Natural Resource Assessment/Site Plan Technical Review Application
- Site plan (provide detail and accurate information):
  - ◆ 2 copies of site plan is required ((1) 24" x 36" and (1) 11" x 17")
  - ◆ Dimensions of the property drawn to common scale (architectural, engineering)
  - ◆ Location of any wetlands, creeks/streams, critical habitat areas, or geological hazards, if known
  - ◆ Locations and dimensions of **all** existing and proposed structures on the site
  - ◆ Locations and dimensions of **all** existing and proposed impervious surfaces on the site
  - ◆ Stormwater plan (if applicable)
  - ◆ Location of the Ordinary High Water Mark (if applicable)
  - ◆ Distance of any structures to the Ordinary High Water Mark (OHWM) of any creeks, streams, rivers or lakes, (if applicable)
  - ◆ Location and dimensions of all areas to be cleared, filled, or excavated
  - ◆ Location of existing or proposed septic tank/drain field, and well or utility lines
  - ◆ preliminary topographic drawings depicting the basic elevation features of your property
  - ◆ Names and locations of all public or private roads
  - ◆ Show access from the County Road to the building area include the driveway length and width
  - ◆ North Arrow
  - ◆ Scale
- Required fees per current Unified Fee Schedule.

Note: Per UFS 2843 all permits and applications are subject to a 3% Technology fee. The 3% fee is calculated on the permit/application fees due.

**Property corners, road access point, and building corners MUST BE FLAGGED prior to staff site inspection – (Otherwise additional site inspection fees will be assessed – See current Unified Fee Schedule)**

Your feedback is important to us as we strive to improve our service to you. Please use this link <https://wa-whatcomcounty.civicplus.com/FormCenter/Planning-Development-Services-9/PDS-Customer-Survey-107> to complete a Customer Survey.



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For Administration Use

Permit#(s) _____ _____ _____	Date Stamp <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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 <input type="checkbox"/> Fire	

**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)

Zoning: \_\_\_\_\_

Watershed District:

Lake Whatcom  Lake Samish  Lake Padden  Birch Bay  Drayton Harbor

NPDES Phase II  Other \_\_\_\_\_

Do you own any contiguous property, joining property or have control of joining property?

If yes, please provide parcel numbers

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Proposed water source for development:  No Water Source Required/Existing Service  
 Well  Water Association  Water District  Surface Water  Rain Water

Name of Water Purveyor (if applicable): \_\_\_\_\_

### **Project Description**

Include description of all proposed work for this application:  
(include full project concept –attach additional pages if needed)

Select all that apply to this application from the following:

- Detached Structure
- Driveway
- Landscaping
- On Site Septic / Drainfield
- Parking
- Single Family Residence
- Well

### Property Physical Site Characteristics (Included on the Site Plan)

Check all characteristics that apply on and within 300 feet of the entire parcel.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Streams                                 | <input type="checkbox"/> Ponds and lakes          | <input type="checkbox"/> Forested areas             |
| <input type="checkbox"/> Drainage ditches                        | <input type="checkbox"/> Steep slopes             | <input type="checkbox"/> Brush / scrub              |
| <input type="checkbox"/> Frequently flooded areas                | <input type="checkbox"/> Landslide areas          | <input type="checkbox"/> Pasture, lawn, landscaping |
| <input type="checkbox"/> Wetlands/seasonally wet/<br>soggy areas | <input type="checkbox"/> Existing developed areas | <input type="checkbox"/> Wildlife features          |





### Agent Authorization

If you are authorizing an agent to apply for permits on your behalf you must complete this form and have it notarized, which will provide authorization for a designated agent to apply for permits on your behalf.

I/we, \_\_\_\_\_, the owner(s) of the subject property, understand that by completing this form I hereby authorize \_\_\_\_\_ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf, and that any fees associated with submitted applications are due to me and not to the said agent. I also understand that once an application has been submitted that all future correspondence will be directed to the agent.

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Parcel Number

\_\_\_\_\_  
Property Owner Printed Name

\_\_\_\_\_  
Property Owner Printed Name

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My appointment expires: \_\_\_\_/\_\_\_\_/\_\_\_\_