



Natural Resource Notification of Activity

Required Application Fee: See 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.

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 <input type="checkbox"/> Shoreline	Date Stamp <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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*Note: All tree removal within 200-feet of a regulated shoreline is subject to the applicable shoreline permit.

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"/> 1. Emergency Construction | <input type="checkbox"/> 6. Installation Navigation Aids/Mooring Buoys |
| <input checked="" type="checkbox"/> 2. Maintenance of existing infrastructure | <input type="checkbox"/> 7. Routine Site Investigation |
| <input type="checkbox"/> 3. Select Vegetation Removal | <input type="checkbox"/> 8. Household herbicides, Pesticides |
| <input type="checkbox"/> 4. Hazard Tree* | <input type="checkbox"/> 9. Routine Maintenance of Agricultural Ditches |
| <input type="checkbox"/> 5. Cleaning, Pruning, Revegetation of buffer | <input type="checkbox"/> 10. 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.

Install Lake Whatcom Homeowner Incentive Program project. See attached HIP submittal packet including project summary, project narrative, and site plan.

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

See Attached HIP submittal packet including erosion and sediment controls on site plan and SWPPP.

SCALED SITE PLAN REQUIRED

- The following information must be put on the scaled site plan and be consistent across the site plan.
 - 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.
- *Incomplete or inadequate site plan can significantly delay processing.*
(Note: Incomplete applications are not accepted)

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.

Agent/Contact _____ Date _____

Print Name

Property Owner _____ Date _____

Print Name



Fee Responsibility

Venue and Jurisdiction: The parties hereto recognize and agree that the venue of any action involving their rights or obligations related to this application shall be in Whatcom County, and the parties' rights and obligations hereunder shall be determined, in accordance with the laws of the State of Washington.

Fee Guaranty: Notwithstanding that this application has been submitted in the name of a company, I personally guarantee payment of fees accrued according to the terms listed in the Whatcom County Unified Fee Schedule and that my personal guarantee is part of the consideration for review of the application.

I/we, _____, hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Owner

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 Signature: _____
Printed Name: _____
Notary Public in and for the State of Washington
Residing at _____
My appointment expires: ____/____/____



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

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: ____/____/____