



Critical Area Review Application Form

PA-02
APPLICATION

Community Development Department
501 N. Anderson, Ellensburg, WA 98926
(509) 962-7239 (Building) permits@ci.ellensburg.wa.us (509) 962-7231 (Planning) comdev@ci.ellensburg.wa.us

The Critical Area Information Form is used to identify whether a proposed project involves any Critical Areas as defined in ECC 15.130. If it is determined that the proposed project does involve a Critical Area, then additional Critical Area review will be required pursuant to ECC 15.610. A complete Critical Area Information Form must be submitted along with the complete permit application. Staff will then review the form, perform a site inspection, and render a decision as to whether any Critical Areas may be affected by the proposal and if a more detailed Critical Area Report shall be required.

The Planning Division will be unable to accept your Critical Area Information Form if you fail to provide ALL of the following required material.

| OFFICIAL USE ONLY: | |
|---------------------------|--|
| Staff Person: | |
| Date Submitted: | |
| Fee Total: | |
| CA FILE #: | |
| Associated Permit File #: | |

PROPERTY OWNER: (Note: If the Applicant is not the Owner, attach written authorization from the legal owner(s).)

| | | | |
|----------------------|--|-------------|--|
| Legal Owner Name(s): | | Day Phone: | |
| Mailing Address: | | | |
| E-mail: | | Cell Phone: | |

***APPLICANT:** Owner Contractor Tenant Other _____

| | | | |
|------------------|--|-------------|--|
| Name: | | Day Phone: | |
| Mailing Address: | | | |
| E-mail: | | Cell Phone: | |

CONTACT PERSON: Owner Contractor Tenant Other _____

| | | | |
|------------------|--|-------------|--|
| Name: | | Day Phone: | |
| Mailing Address: | | | |
| E-mail: | | Cell Phone: | |

PROJECT INFORMATION:

| | |
|--|--|
| Parcel Number(s) of Site: | |
| Site Address (if any): | |
| Describe Proposal & Underlying Permit: | |

| PROJECT INFORMATION: | | |
|----------------------|--|--|
| 1. | Is the proposed site adjacent to, or does it include, a body of water (e.g. exposed standing water, pond, year round stream, river or lake)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, Identify water body: | |
| | If yes, how close to the boundary of the water is the proposed development? | |
| 2. | Does the site have floodplains? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, Identify the FEMA Map Community Panel No. and Flood Zone No. | |
| | If yes, how close to the boundary of the floodplain is the proposed development? | |
| 3. | Does the site have any wetlands (open water, seasonal water, marsh areas, water saturated soils or wetland plans such as "cat tails")? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, Identify wetland: | |
| | If yes, how close to the boundary of the wetland is the proposed development? | |
| 4. | Does the site presently have fish or wildlife habitat: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, identify the known types of wildlife: | |
| 5. | Does the site have other critical Areas (such as slopes over 40%, unstable soils, rocks prone to landslides)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, Identify: | |

| SITE PLAN REQUIREMENTS: | |
|--|--|
| Provide A General Site Plan That Shows: | |
| <ol style="list-style-type: none"> 1. The proposed project and dimensions in relation to the property boundaries. 2. The proposed project and dimensions in relation to all existing and proposed development on the property. 3. The proposed project and dimensions in relation to any known or suspected Critical Areas on or adjacent to the property. Please identify the location and type of the Critical Area on the site plan. | |
| (The site plan shall be legibly drawn to a minimum scale of 1:20 on substantial paper a minimum 11" x 17" size) | |

| SIGNATURE OF LEGAL OWNER or REPRESENTATIVE AS AUTHORIZED BY THE LEGAL OWNER: | | | |
|--|--|--------------|--|
| I, _____, (print name) AFFIRM THAT THE ABOVE RESPONSES ARE MADE TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. | | | |
| I FURTHER AFFIRM THAT I AM THE OWNER OF RECORD OF THE AREA PROPOSED FOR THE ABOVE-IDENTIFIED LAND USE ACTION OR, IF NOT THE OWNER, ATTACHED HEREWITHIN IS WRITTEN PERMISSION FROM THE OWNER(S) AUTHORIZING MY ACTIONS ON HIS/HER/THEIR BEHALF. | | | |
| Signature of Legal Owner: (or Authorized Agent) | | Date: | |