

CRITICAL AREA IDENTIFICATION FORM

This identification form is to be submitted in advance or concurrently with a project application if the proposed project is subject to the requirements found in the City's critical area code PMC 21.06. The purpose of this form is to determine if a critical area report is required due to the development site being on or near any critical areas. Please fill out this form completely where applicable.

APPLICATION INFORMATION

OWNE	R INFORMATIO	N			
NAME:					
APPLIC	ANT INFORMA	ATION			
NAME:					
STREET	ADDRESS:				
CITY:		STATE:		ZIP CODE:	
PHONE:			EMAIL:		
	ACT INFORMAT	TION (IF DIFFEREN	T FROM ABOVE)		
NAME:					
	ADDRESS:				
CITY:		STATE:	T ==	ZIP CODE:	
PHONE:			EMAIL:		
FAX:					
Name Address	Information				
City		State	Zip		
mail			Phone		
Briefly	describe the pro	posed development	project:		

Based on the applicant's knowle critical areas listed below that a	edge and research of the project si are located on or within 300 feet o	te, please select any of the fithe from the fither than the fitter than the fither than the fitter than the fi	
Wetlands	Lakes/Ponds	Streams/Creeks	
Slopes 0% - 15%	Slopes 16% – 39%	Slopes 40% or Greater	
Puyallup River Shoreline	Clarks Creek Shoreline	Volcanic Hazard Areas Habitat Conservation Area	
Shoreline Classification	Wellhead Protection Area		
Conservancy	Flood Zones	Habitat Corridor	
Rural	Flood Classification:	Aquifer Recharge Area	
Urban			
N/A Do you know of any present or pareas on-site or adjacent to the conclusions, and parcels they income.	past critical area studies that have site? Please describe below; includ cluded	been conducted for critical ling their date, scope,	
recorded on the title or plat for	s have been placed inside a tract o this site or any adjacent site? Ple tion, and Puyallup permit number	ase describe below, including	
No			
owner(s) and that all information sub that false statements, errors, and/or o	this application has been made with the mitted on or with this application is commissions may be sufficient cause for d	emplete and correct. I understand enial of any related applications. I	
cknowledge that if the City needs to nformation regarding my proposal, the	o obtain the services of an expert third hat I shall be responsible for any financ	party to review any technical ial costs of said third party review.	
1		3-28-23	
AUTHORIZED SIGNATURE	DATE		

THIS BOX FOR STAFF USE ONLY							
CRITICAL AREA REPORT REQUIRED:	YES	NO					
EXEMPT FROM CRITICAL AREA ORD	YES	NO					
EXCEPTION FOR MINOR NEW DEVE	YES	NO					
STAFF VERIFICATION	СОММ	ENTS					
WETLAND		-					
GEOLOGICAL HAZARD AREA							
VOLCANIC HAZARD AREA							
FLOOD ZONE							
FISH AND WILDLIFE HABITAT							
AQUIFER RECHARGE/WELLHEAD							
STREAM/SHORELINE							