



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

OWNER INFORMATION			
NAME:			
APPLICANT INFORMATION			
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE:	EMAIL:		
CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)			
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE:	EMAIL:		
FAX:			

Project Name			
Parcel Number (s)			
Address (s)			
Applicant Information			
Name			
Address			
City	State	Zip	
Email	Phone		

Briefly describe the proposed development project:







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Based on the applicant's knowledge and research of the project site, please select any of the critical areas listed below that are located on or within 300 feet of the property boundaries		
Wetlands	Lakes/Ponds	Streams/Creeks
Slopes 0% - 15%	Slopes 16% - 39%	Slopes 40% or Greater
Puyallup River Shoreline	Clarks Creek Shoreline	Volcanic Hazard Areas
Shoreline Classification	Wellhead Protection Area	Habitat Conservation Area
Conservancy	Flood Zones	Habitat Corridor
Rural	Flood Classification:	Aquifer Recharge Area
Urban		

Please describe the critical areas checked above and their location in relation to the proposed development. Please show their location on any plans to be submitted

Do you know of any present or past critical area studies that have been conducted for critical areas on-site or adjacent to the site? Please describe below; including their date, scope, conclusions, and parcels they included

Do you know if any critical areas have been placed inside a tract or a protection easement that is recorded on the title or plat for this site or any adjacent site? Please describe below, including name of tract or easement, location, and Puyallup permit number or recording number

AUTHORIZATION: I, the undersigned hereby certify that this application has been made with the consent of the lawful property owner(s) and that all information submitted on or with this application is complete and correct. I understand that false statements, errors, and/or omissions may be sufficient cause for denial of any related applications. I acknowledge that if the City needs to obtain the services of an expert third party to review any technical information regarding my proposal, that I shall be responsible for any financial costs of said third party review.		
<table> <tr> <td>AUTHORIZED SIGNATURE </td> <td>DATE </td> </tr> </table>	AUTHORIZED SIGNATURE 	DATE 
AUTHORIZED SIGNATURE 	DATE 	

THIS BOX FOR STAFF USE ONLY		
CRITICAL AREA REPORT REQUIRED:	YES	NO
EXEMPT FROM CRITICAL AREA ORDINANCE:	YES	NO
EXCEPTION FOR MINOR NEW DEVELOPMENT IN BUFFER:	YES	NO
STAFF VERIFICATION	COMMENTS	
WETLAND		
GEOLOGICAL HAZARD AREA		
VOLCANIC HAZARD AREA		
FLOOD ZONE		
FISH AND WILDLIFE HABITAT		
AQUIFER RECHARGE/WELLHEAD		
STREAM/ShORELINE		