

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	TION			
NAME:					
STREET	ADDRESS:				
CITY:		STATE:		ZIP CODE:	
PHONE:			EMAIL:		
	ACT INFORMAT	ION (IF DIFFERENT	FROM ABOVE)		1
NAME:					
	ADDRESS:				
CITY:		STATE:	T =:	ZIP CODE:	
PHONE:			EMAIL:		
FAX:					
Name Address	nformation				
City		State	Zip		
mail			Phone		
Briefly o	describe the prop	osed development p	project:		

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.

AUTHORIZED SIGNATURE DA	YTE
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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					