

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:		

Wetlands	Lakes/Ponds	Streams/Creeks
Slopes 0% - 15%	Slopes 16% – 39%	Slopes 40% or Greater
Puyallup River Shoreline	Clarks Creek Shoreline	Volcanic Hazard Area
Shoreline Classification	Wellhead Protection Area	Habitat Conservation Area
Conservancy	Flood Zones	Habitat Corridor
Rural	Flood Classification:	Aquifer Recharge Area
Urban		

		C
	cked above and their location in relatio	on to the proposed development.
Please show their location on any pla	ans to be submitted	
Do you know of any present or u	past critical area studies that have	been conducted for critical
	site? Please describe below; include	
conclusions, and parcels they inc	· · · · · · · · · · · · · · · · · · ·	
Do you know if any spitical area	have been placed incide a tweet a	u a nuctostion accoment that is
	s have been placed inside a tract o this site or any adjacent site? Plea	
	tion, and Puyallup permit number	
,		
AUTHORIZATION:	alta a Parta ha ba a a a da ata d	and the last the same

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	DATE	

THIS BOX FOR STAFF USE ONLY					
CRITICAL AREA REPORT REQUIRED:		YES	NO		
EXEMPT FROM CRITICAL AREA ORD	INANCE:	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					