

WHATCOM COUNTY  
PUBLIC WORKS DEPARTMENT

Jon Hutchings  
Director



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## TRAIL PERMIT DETERMINATION APPLICATION

### Applicant Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

e-mail \_\_\_\_\_

### Parcel for Determination

Assessor's GEO Parcel # or Tax Account # \_\_\_\_\_

Purpose of Trail Permit \_\_\_\_\_

Trail Permit Road Name \_\_\_\_\_

County Road used to access Trail Permit Road \_\_\_\_\_

If Trail Permit Road is accessed via a private road

Private Road Name used for access \_\_\_\_\_

Trail Permit Determination Fee \$25.00

Print Name \_\_\_\_\_

Fee Received \_\_\_\_\_

Signature \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_