



Natural Resource Notification of Activity

For Administration Use

Permit#(s) _____ _____ _____ Received by: _____ Receipt #: _____ Date Paid: _____ Total Fees: _____ Reviews: <input type="checkbox"/> CA Wetland/HCA <input type="checkbox"/> CA Geo Hazards <input type="checkbox"/> Flood <input type="checkbox"/> Watershed	Date Stamp _____ _____ _____
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Required Application Fee: \$40.00 plus 3% Technology Fee. See current [Unified Fee Schedule](#)

Please submit all documents via email to epermits@co.whatcom.wa.us

Note: Per UFS 2843 all permits and applications are subject to a 3% Technology fee. The 3% fee is calculated on the permit/application fees due.

Notice of work to be performed in or near a Critical Area or Water Resource Special Management Area in compliance of the Whatcom County Code 16.16.235 and 20.80.735. This Notification should be submitted to the Whatcom County Planning and Development Services at least 10 working days before proposed starting date. No work shall commence until approval from Whatcom County is received. Review of this proposed activity may result in the requirement for a permit such as land disturbance, shoreline, etc. You will be notified if permits will be required for the proposed activity.

Notice of Activity Number (WCC16.16.235(B))

Check the Notice of Activity Number below that best describes your project.

- | | |
|--|--|
| <input type="checkbox"/> 1. Emergency Construction
<input type="checkbox"/> 2. Maintenance of existing infrastructure
<input type="checkbox"/> 3. Select Vegetation Removal
<input type="checkbox"/> 4. Hazard Tree*
<input type="checkbox"/> 5. Cleaning, Pruning, Revegetation of buffer | <input type="checkbox"/> 6. Installation Navigation Aids/Mooring Buoys
<input type="checkbox"/> 7. Routine Site Investigation
<input type="checkbox"/> 8. Household herbicides, Pesticides
<input type="checkbox"/> 9. Routine Maintenance of Agricultural Ditches
<input type="checkbox"/> 10. Alteration or Removal of Beaver Structures Less than 2 years old |
|--|--|

*Note: All tree removal within 200-feet of a regulated shoreline is subject to the applicable shoreline permit.

Agent/Contact Name: _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Phone # () _____

Fax # () _____ Email _____

Property Owner Name _____

Mailing Address: _____ City _____

State _____ Zip Code _____ Phone # () _____

Fax # () _____ Email _____

Property Information

Site address _____

Assessor's Parcel Number _____

Parcel size: _____ in acres/square footage (if less than an acre please provide square footage)

Proposed start date _____ Proposed finish date _____

Type of affected Critical Area and/or watershed _____

Describe activity to be conducted (if more space is needed attach additional information sheets). Provide a site plan with this notification. Clearly identify location of proposed activity on the site.

I / We understand this work and/or activity may have adverse effects on the Critical Area and/or watershed processes, and acknowledge that special care must be taken to reduce or eliminate adverse effects. Effective sediment and erosion control measures must be installed and disturbed areas shall be restored as near as possible to the previous condition.

Description of sediment erosion control measures and/or restoration

SCALED SITE PLAN REQUIRED

- The following information must be put on the scaled site plan and be consistent across the site plan.
 - All buildings, existing and proposed.
 - Parking, access roads and driveways.
 - Critical areas (e.g.: wetlands, streams) located.
 - Ditches.
 - Property lines, corner pins.
 - Topography (contours, slope grade).
 - Utilities.
 - Erosion and Sedimentation Control Measures.
- Show any trees that are to be removed.
- *Incomplete or inadequate site plan can significantly delay processing.*
(Note: Incomplete applications are not accepted)

I / We the undersigned acknowledge and accept the responsibility for the progress and completion of this project. Any unforeseen problems or plan changes will immediately be brought to the attention of the County Technical Administrator.

Agent/Contact _____ Date _____

Print Name

Property Owner _____ Date _____

Print Name

Disclaimer

The permittee verifies, acknowledges and agrees by their signature that:

- 1) If this permit is for installation of a dwelling, the dwelling is/will be served by potable water;
- 2) The property owner is the owner of this Whatcom County Permit;
- 3) The signatory is the property owner or someone who has permission to represent the property owner in this transaction;
- 4) All construction is to be done in accordance with Whatcom County codes or ordinances- *referenced codes and ordinances are available for review at Whatcom County Planning and Development Services*;
- 5) This Whatcom County Permit does not permit or approve any violation of federal, state or local laws, codes or ordinances;
- 6) Submission of plans or additional information and subsequent approval may be required before this application can be processed;
- 7) Notwithstanding that this application has been submitted in the name of a company, I personally guarantee payment (or guarantee payment on behalf of the client I am representing, noted on the Agent Authorization Form above) of the fees accrued according to the terms listed in the Whatcom County Unified Fee Schedule, including the Application of Fees from Different UFS Schedule Policy PL1-74-003Z, and agree to be bound personally as a principal and not as a surety. I recognize my personal guarantee is part of the consideration for review of the application.

Print Name



Agent Authorization

If you are authorizing an agent to apply for permits on your behalf you must complete this form and have it notarized, which will provide authorization for a designated agent to apply for permits on your behalf.

I/we, _____, the owner(s) of the subject property, understand that by completing this form I hereby authorize _____ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf, and that any fees associated with submitted applications are due to me and not to the said agent. I also understand that once an application has been submitted that all future correspondence will be directed to the agent.

Property Address

Parcel Number

Property Owner Printed Name

Property Owner Printed Name

Property Owner Signature

Property Owner Signature

Date

Date

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Public Signature

Notary Public Printed Name

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____