

OFFICIAL USE

DATE RECEIVED:

RECEIVED BY: _____

RECEIPT NUMBER: _____



SHORELINE DEVELOPMENT APPLICATION

\$500 Fee

This is an application for Substantial Development, Conditional Use or Variance Permit as authorized by the Shoreline Management Act of 1971. It is suggested that you check with appropriate local, State, and Federal officials to determine whether your project falls within any other permit systems.

*** A WETLAND DELINIATION REPORT IS REQUIRED IF WETLANDS ARE USED OR ALTERED**

APPLICANT

NAME:

PHONE:

MAILING ADDRESS:

PROPERTY OWNER (IF OTHER THAN APPLICANT)

NAME:

PHONE:

MAILING ADDRESS:

WHAT IS THE LEGAL RELATIONSHIP THAT ENTITLES THE APPLICANT TO APPLY ON BEHALF OF THE OWNER (IF DIFFERENT)?

PROPERTY DETAILS

1. ADDRESS OR GENERAL LOCATION, PARCEL, & SECTION TO THE NEAREST QUARTER, TOWNSHIP, RANGE:
2. NAME OF WATER BODY PROPOSAL IS ASSOCIATED WITH:
3. WHAT IS THE CURRENT USE OF THE PROPERTY?
4. GENERAL DESCRIPTION OF THE PROPOSED PROJECT, INCLUDING, PROPOSED USE(S) & ACTIVITIES NECESSARY TO ACCOMPLISH PROJECT:
5. GENERAL DESCRIPTION OF VEGETATION ONSITE:
6. SOURCE, COMPOSITION, & VOLUME OF FILL:
7. IF THE APPLICATION INVOLVES A CONDITIONAL USE OR VARIANCE, WHY IS IT BEING SOUGHT AFTER?

PROJECT DIAGRAMS

****A DRAWN TO SCALE SITE PLAN AND A VICINITY MAP ARE REQUIRED, CLEARLY INDICATING THE SCALE.
THE SITE PLAN & VICINITY MAP MUST SHOW THE FOLLOWING:***

SITE PLAN REQUIREMENTS-

- BOUNDARY LINES;
- PROPERTY DIMENSIONS IN VICINITY OF PROJECT;
- ORDINARY HIGH WATER MARK (OHWM);
- EXISTING & PROPOSED LAND CONTOURS USING FIVE FOOT INTERVALLS IN WATER AREA AND TEN FOOT INTERVALS ON AREAS LANDWARD OF OHWM, IF DEVELOPMENT INVOLVES GRADING, CUTTING, FILLING, OR OTHER ALTERATION OF LAND CONTOURS.
- SHOW DIMENSIONS AND LOCATIONS OF EXISTING AND PROPOSED STRUCTURES, ROADS & UTILITIES.

VICINITY MAP-

- INDICATE SITE LOCATION USING NATURAL POINT OF REFERENCE (ROADS, HIGHWAYS, PROMINENT LANDMARKS, ETC.)
- IF THE DEVELOPMENT INVOLVES THE REMOVAL OF ANY SOILS BY DREDGING ETC., PLEASE IDENTIFY THE PROPOSED DISPOSAL SITE ON THE MAP. IF THE DISPOSAL IS BEYOND THE CONFINES OF THE VICINITY MAP, PROVIDE ANOTHER VICINITY MAP SHOWING THE PRECISE LOCATION OF THE DISPOSAL SITE AND ITS DISTANCE TO THE NEAREST CITY OR TOWN.

Applicant Signature: _____ Date: _____

***PLEASE RETURN APPLICATION WITH PAYMENT TO:
230 Second Street, Raymond, WA 98577
Phone: 360-942-4100, Fax: 360-942-4137***