

**WHATCOM COUNTY**  
Planning & Development Services  
5280 Northwest Drive,  
Bellingham, WA 98226-9097  
360-676-6907, TTY 800-833-6384  
360-738-2525 Fax



**David Stalheim**  
Director

**J.E. "Sam" Ryan**  
Assistant Director

## NATURAL RESOURCE NOTIFICATION OF ACTIVITY

Required Application Fee: \$25.00

Date \_\_\_\_\_

*Make checks payable to Whatcom County Planning and Development Services*

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 be initiated until after 10 days of submittal of form. 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.

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Property owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Property Address and Tax Parcel Number \_\_\_\_\_

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

I / We the undersigned acknowledge and except 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

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FOR AGENCY USE

Approved \_\_\_\_\_ Date \_\_\_\_\_

Additional Information/permits required