

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



J.E. "Sam" Ryan
Director

CA _____ - _____

Natural Resource Notification of Activity

Required Application Fee: \$30.00 (UFS8441)

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 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.

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 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.

Signed _____ Date _____ Signed _____ Date _____

FOR AGENCY USE

Approved _____ Date _____

Additional Information/permits required