

WETLAND *Application*



3609 Market Place W, Suite 200
University Place, WA 98466-4488
PH: 253.566.5656

Please type or print clearly. Incomplete information may delay the project approval.

TYPE OF REVIEW:	<input type="checkbox"/> Wetland Report Review <input type="checkbox"/> Wetland Verification <input type="checkbox"/> Mitigation Plan Review
APPLICANT:	Phone: _____ Fax: _____
Address (Street, City, State, Zip): _____	E-Mail Address: _____
PROPERTY OWNER:	Phone: _____ Fax: _____
Address (Street, City, State, Zip): _____	E-Mail Address: _____
AGENT:	Phone: _____ Fax: _____
Address (Street, City, State, Zip): _____	E-Mail Address: _____

PROJECT NAME & TYPE:	
Project Address: _____	Parcel Number(s): _____
Zoning: _____	Area/Acreage: _____

PROVIDE A DESCRIPTION OF THE PROPOSAL. (MAY BE ATTACHED)
<hr/> <hr/> <hr/>
Are there any prior applications, TRC's or permits pertaining to this property?
<hr/> <hr/>

I hereby certify under penalty of perjury under the laws of the State of Washington that I am the applicant listed above, and that all information and evidence herewith submitted are in all respects and to the best of my knowledge and belief, true and complete. I understand that the filing fee accompanying this application is not refundable, and is only for the purposes of defraying the normal administrative expenses of processing the application, and that the payment of said fees does not result in automatic issuance of the permit requested in this application.	
Print Name: _____	<input type="checkbox"/> Owner <input type="checkbox"/> Agent/Other (specify): _____
Signature: _____	Date: _____