




Permit # SSD-22-002

# Land Use Application

Office: 360-225-7299

[www.ci.woodland.wa.us](http://www.ci.woodland.wa.us)

PROJECT INFORMATION		
Project site address: Lakeshore Dr. Goerig to 38404 Lakeshore	Parcel #: City RoW adjacent to 50480, 5044001, 50475,	
Project Name: Lakeshore Dr. Sanitary & Water	Zoning: Commercial &	Number of Lots: 0
BRIEF PROJECT DESCRIPTION		
Project will install utility lines in Lakeshore going east and south from intersection with Goerig; water tie in near Park Rd and sanitary tie in to City of Woodland Shop at 38404 Lakeshore.		
CRITICAL AREAS CHECKLIST		
<b>Please answer the following questions concerning indicators located on or within 200 feet of the site.</b>	<b>Yes</b>	<b>No</b>
Are you aware of any environmental documentation that has been prepared related to critical areas that include the subject site? <i>If yes, please attach a list of document titles.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any surface waters (including year-round or seasonal streams, lakes, ponds, bogs, or swamps)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have any wetlands been identified? Is any vegetation present that is associated with wetlands?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there areas where the ground is consistently inundated or saturated with water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the project located within a Flood Hazard Zone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there state or federally listed sensitive, endangered or threatened species or habitats?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there slopes of 15% or greater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any landslide hazard areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
APPLICANT INFORMATION	PROPERTY OWNER	
Company Name: City of Woodland	Company Name: City of Woodland	
Applicant Name: Tracy Coleman	Name: Tracy Coleman	
Mailing Address: PO Box 9	Mailing Address: PO Box 9	
City/State/Zip: Woodland, WA 98674	City/State/Zip: Woodland, WA 98674	
Email: colemant@ci.woodland.wa.us	Email: colemant@ci.woodland.wa.us	
Primary Phone: 360-225-7999	Primary Phone: 360-225-7999	
CONTACT INFORMATION		
Primary Contact: Tracy Coleman	Phone: 360-225-7999	Email: colemant@ci.woodland.wa.us
Invoicing Contact: Tracy Coleman	Phone: 360-225-7999	Email: colemant@ci.woodland.wa.us
Invoice Mailing Address: PO Box 9	City/State/Zip: Woodland, WA 98674	
I grant permission to the field inspector to enter the building site as needed to determine the presence or absence of critical areas. I understand that if the information on this form is later determined to be incorrect, the project may be subject to denial or conditions of approval to meet the requirements of WMC 15.08. Land use fees are set by the resolution of the City Council and are non-refundable. By signing this application, you agree to pay all fees incurred by the City on your behalf.		
 <small>Key: 784ed83f8820aa156894d5e5a91d3f3</small>		Date: <u>08/01/2022</u>
OFFICIAL USE ONLY		
Site Plan Review Type 1	\$	Total Fee Amount Due:
Site Plan Review Type 2	\$	Fee Assessed By:
SEPA Checklist Processing	\$	Received By:
Shoreline Substantial Dev.	\$1,800.00	Receipt #:
	\$	<b>Payment Stamp</b>



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## Acknowledgments

Applicant acknowledges the ownership certification form MUST be filled out and submitted with application even if applicant is the owner of the property per WMC 19.02.080(A).

Initial Here: KEM

Applicant acknowledges that proposed project may require a fire review by Clark-Cowlitz Fire and Rescue. Please contact the Community Development Department if you are unsure if a fire review is required.

Initial Here: KEM

## Agreement to Reimburse Professional Service Expenses

City Ordinance 1157 (WMC 19.02.110) authorizes recovering the cost of consulting services related to all land use applications by outside professionals. The Applicant is therefore responsible for reimbursing the City those fees and related expenses in addition to the normal permit and plan review fees.

The applicant recognizes that the City is obligated by Washington State Law and the Woodland Municipal Code to provide a complete review of land use applications, including all technical support documents, in order to ensure compliance with all applicable approval standards and that some of those support documents exceed the professional certifications and capabilities of City staff. In these instances, the City must contract with outside qualified professionals in order to perform its plan review responsibility.

This agreement between the Applicant or authorized representative ("Applicant") and the City of Woodland, WA ("City") is effective as of the date of signature below.

The Applicant hereby agrees and commits to reimburse the City the actual cost of professional consulting services for necessary review or consulting as required for the project referenced below. The signer acknowledges that the Applicant is liable for such costs and that these costs are due and payable to the City upon the City's receipt of invoices(s) for the services Any professional fee reimbursements must be paid to the City no later than the date of the final project approval.

The signer further acknowledges that the City is authorized to require the Applicant to deposit an amount with the City estimated to cover the cost of professional services at the discretion of the Community Development Director.

Business Name (if applicable): City of Woodland

Signature:   
eSigned via SeamlessDocs.com  
Key: 784ed83fd8620aa156694d565a9163fd

Date: 08/01/2022

Print Name: Kathryn E Myklebust