WETLAND LAND USE NOTIFICATION FORM

(this form is to be completed <u>only</u> by planning department staff for mapped wetlands/waterways)

DEPARTMENT OF STATE LANDS WETLANDS PROGRAM

West side of Cascades, send to: 775 Summer Street NE, Suite 100; Salem, OR 97301-1279; (503) 986-5200 East side of Cascades, send to: 1645 NE Forbes Rd., Suite 112 Bend, OR 97701; (541) 388-6112

County:		e #:
City:		N(completed by DSL)
Responsible Jurisdiction: City County	DSL Project #:	(completed by DSL)
APPLICANT: LANDOWNER:		R:
name		name
mailing address	_	mailing address
city, state zip	() -	city, state zip
		phone
LOCATION T R S ½ Address City NWI quad map name		
ATTACHMENTS Attach all the following (with site marked): • LW	T / NWI Map (if no L	WI map) • Parcel Map • Site Plan (if ar
If applicable attach: Other		
SITE INFORMATION LWL/NWL Wotland Classification Codes(s)		
LWI/NWI Wetland Classification Codes(s) Adjacent Waterway (if any)		Zoning
	_	Zonnig
PROPOSED ACTIVITY ☐ site plan approval ☐ grading permit ☐ planned unit devel		Other
☐ conditional use permit ☐ building permit (n		
Project Description		
mpleted by/Contact		E-Mail
dress		
A removal-fill permit is required from the Departm		oceeds
	ers (503-808-4373) ed has been applied project if/because: _	ed for
A removal-fill permit may be required A permit may be required by the Corps of Enginee Information needed includes: A wetland determination/delineation report State Permit # was issue No removal-fill permit is required for the described	ers (503-808-4373) ed has been applid project if/because: _	ed for
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