



**CRITICAL AREA PERMIT AND
REASONABLE USE EXCEPTION APPLICATION**

Applicant Information:

Owner: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Contact Person: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Consultant: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Property Information:

Property Address: _____

Parcel Number: _____

Project Information:

Describe project: _____

Type of Critical Area Impacted by Proposal (check all that apply)

Wetlands _____ Critical Aquifer Recharge Area _____

Frequently Flooded Area _____ Geologically Hazardous Area _____

Fish & Wildlife Habitat Conservation Area _____

Other Agencies with Jurisdiction

Army Corps _____ DOE _____ DFW _____ Other _____

Are you seeking a reasonable use exception? Yes _____ No _____

Attach the following documents:

1. Critical Area Report
2. Mitigation Plan
3. SEPA Checklist
4. *For Critical Areas Permits applications*; the name and address of the owners of adjacent property as shown on the records of the Pierce County Assessor-Treasurer
5. *For Reasonable Use Exception applications*; addressed and stamped envelopes addressed to the owners of all property as shown on the records of the Pierce County Assessor-Treasurer within 500 feet of the boundaries of the subject property.
6. JARPA *if required by Army Corps or State agency*

Fees:

Critical Area Permit	\$750
SEPA Checklist	\$450
Reasonable Use Exception	\$1200

I acknowledge that if the application requires review by an outside expert, such costs will be my responsibility. All costs associated with the Hearing Examiner for reasonable use exceptions are also my responsibility.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law.

Signature of Applicant: _____ Date: _____

Town of Steilacoom Use Only:

Critical Area Report ☐

Mitigation Plan ☐

SEPA Checklist ☐

Stamped Envelopes ☐

Fees Paid _____