

CRITICAL AREA REPORT APPLICATION CITY OF ROY

216 McNaught Street POB 700 ♦ Roy, WA 98580
Phone (253) 843-1113 ♦ FAX (253) 843-0279

THIS APPLICATION MUST BE ACCOMPANIED BY THREE (3) COPIES OF THE REVIEW PROPOSAL

**TYPE
OF REVIEW:**

- Type of Critical Area
- Critical Area Verification
- Critical Area Report Review
- Mitigation Plan Review

PERMIT #: ____ - ____

Project Address: _____

Parcel #: _____

Project Description:

Owner: _____ Phone#: _____
Address: _____ City: _____ State: _____ Zip: _____
Project Contact Person: _____ Phone#: _____
Design Professional: _____ Phone#: _____

BACKGROUND HISTORY: (Prior applications, Technical Review Committee meetings, or permits pertaining to this property)

I hereby certify that the information provided is correct and that the construction on the above described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the Roy Municipal Code.

Print Name _____

Owner / Agent/Other(specify) _____

Applicant Signature _____

Date _____