

203 S. Pacific Ave., Ste. 208 Kelso, WA 98626 Phone: 360-423-9922 ~ Fax: 360-423-6591

CRITICAL AREA CHECKLIST

Please answer the following questions concerning Critical Area indicators located on or within 200 feet of the project area. Please see the Kelso Municipal Code (KMC) Chapter 18.20 for more information.

Applicant's Name						
Site Address						
Proposed Use(s)						
Section Township		Range	Parcel #	Permits		
1.	5	5		ocumentation that has l rea: (*If yes, please atta No		1
2.	Are there a bogs, swar	5	cluding	year round and season	nal strea	ams, lakes, ponds, Unknown
3.	Is there vegetation that is associated with wetlands? Yes* No Unknown					
4.	Have any	wetlands been identifi Yes*	ied?	No		Unknown
5.	Are there a	areas where the groun Yes*	d is cor	nsistently inundated or No	saturat	ted with water? Unknown
6.	Are there a habitats?	any State or Federally Yes*	listed so	ensitive, endangered o No	r threat	ened species and Unknown
7.	Are there a	slopes of 15% or greate Yes*	er?	No		Unknown
8.	Is the proj	ect located within a Fl Yes*	ood Ha	zard Zone? No		Unknown

9. Do you know of any landslide hazard areas?

□ Yes* □ No □ Unknown

I grant permission to the field inspector to enter the building site 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 or activity may be subject to conditions or denial as necessary to meet the requirements of KMC 18.20, the Kelso Municipal Critical Areas Ordinance.

Applicant's Signature

Date