



CITY OF OAK HARBOR
Development Services Department

Critical Area Identification Form

Project Name (if applicable):

Associated Application(s):

Brief Description of Proposal:

APPLICANT NAME/CONTACT PERSON (or legal representative):	Address:
E-mail Address:	Phone and Fax:
PROPERTY OWNER NAME (list multiple owners on a separate sheet):	Address:
E-mail Address:	Phone and Fax:

AUTHORIZATION:

The undersigned hereby certifies that the property affected by this application is in the exclusive ownership of the applicant or that the applicant has submitted the application with the consent of all owners of the affected property. In addition, the undersigned hereby certifies that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request.

I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct and complete.

Authorized Signature **Date**

Staff use only below this line

Yes	No		Critical Area Report Needed?
<input type="checkbox"/>	<input type="checkbox"/>	Wetland	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fish and Wildlife Habitat Conservation Area	_____
<input type="checkbox"/>	<input type="checkbox"/>	Geologically Sensitive Area	_____
<input type="checkbox"/>	<input type="checkbox"/>	Frequently Flooded Area	_____
<input type="checkbox"/>	<input type="checkbox"/>	Critical Aquifer Recharge Area	_____