



**CITY OF OAK HARBOR**  
**Development Services Department**

**Grading Application Form**

**RECEIVED**

JUN 24 2013

CITY OF OAK HARBOR  
 Development Services Department

**Submittal requirements are to provide City staff with description of all ground disturbing activity such as cutting and filling. For excavation and fill on the same site, the fee shall be based on the volume of excavation or fill, whichever is greater per OHMC 3.64.535. Submit at time of Civil Plan review (4 copies).**

**Project name:**

<b>APPLICANT NAME/CONTACT PERSON</b> (or legal representative): Daniel R Berg	Address: 1506 Alpine View Dr Mount Vernon, WA 98274
E-mail Address: dsaberg@oakharbor.net	Phone and Fax: 360-929-0902
<b>PROPERTY OWNER NAME</b> (list multiple owners on a separate sheet): Daniel R & Sharon D Berg	Address: 1506 Alpine View Dr Mount Vernon, WA 98274
E-mail Address: dsaberg@oakharbor.net	Phone and Fax: 360-929-0902
<b>ENGINEER/SURVEYOR:</b>	Address:
E-mail Address:	Phone and Fax:
<b>PROJECT SITE INFORMATION</b> (address/location): 31485 SR 20 Oak Harbor, WA	Parcel Number(s): R13202-180-0060
Legal Description (attach separate sheet):	Acreage of Original Parcel(s):
Total cubic yards cut:	308
Total cubic yards fill:	308
Total cubic yards removed from site:	308

**AUTHORIZATION:**

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and 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.

*Daniel R Berg*  
 \_\_\_\_\_  
**Authorized Signature**

*6/20/2013*  
 \_\_\_\_\_  
**Date**