



Skamania County Community Development Department

Building/Fire Marshal ♦ Environmental Health ♦ Planning

Skamania County Courthouse Annex

Post Office Box 1009

Stevenson, Washington 98648

Phone: 509-427-3900 Inspection Line: 509-427-3922

MORATORIUM OF NON-FORESTRY USE OF LAND WAIVER/LIFT APPLICATION INTAKE CHECKLIST

(This form must be completed and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all of the requirements below are submitted)

- | STAFF | APPLICANT | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Complete Moratorium Lift/Waiver application and <i>non-refundable</i> \$525 fee, payable to Skamania County Treasurer. Fees are subject to change by resolution of the County Commissioners. |
| <input type="checkbox"/> | <input type="checkbox"/> | SEPA and <i>non-refundable</i> \$400 fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Forest Practice Application/Notification (from DNR) shall be attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Forest Practice Notice of Decision (from DNR) shall be attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of the recorded Notice of Moratorium (from County Auditor) shall be attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of statement from DNR that all Forest Practice Application/Notification requirements have been met, shall be attached. |

Reviewed by _____ Complete: Yes _____ No _____ Date: _____

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FPA MORATORIUM OF NON-FORESTRY USE OF LAND WAIVER/LIFT APPLICATION & INFORMATIONAL PACKET

What is a Moratorium Lift/Waiver?

Moratoriums are placed on parcels by the Washington State Department of Natural Resources (DNR) due to a Forest Practices Application that does not result in conversion to a non-forestry use of land (ex: residential), and lasts for six years. This moratorium may either be waived, which allows a landowner to develop up to two acres for a home site; or the moratorium may be lifted from the entire parcel. Without waiving or lifting the moratorium, no non-forestry related development may occur on the land subject to the moratorium, including, but not limited to, land division and home construction.

The Process

1. Upon determining the application complete, it will be forwarded to the Director to issue an administrative decision granting or denying the application.
2. The SEPA will be reviewed first and a threshold determination issued. All SEPA requirements and comment/appeal periods must be completed before review will begin on the Moratorium Lift/Waiver application.
3. A Notice of Application for the Moratorium Lift/Waive will be mailed to all adjacent property owners and local and state agencies for a fourteen day comment period. The Notice of Application will also be published in the Skamania County Pioneer.
4. Once the comment period is over, an Administrative Decision will be issued for the proposal either approving, approving with conditions, or denying the project.
5. Any appeals of the Director's decisions are heard by the Skamania County Hearing Examiner.

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MORATORIUM ON NON-FORESTRY USE OF LAND WAIVER/LIFT APPLICATION
(Please complete application in ink)

Applicant:	E-mail:
Address:	Home: ()
	Work: ()
Property Owner:	E-mail:
Address:	Home: ()
	Work: ()
Location of Property:	
Tax Lot/Parcel #	Total acres:

I am requesting a Moratorium Waiver (2 acres or less, out of total Parcel for single-family dwelling and/or outbuildings) Lift

Describe the portions of the property where the moratorium lift/waiver is to be located:

What is your intended use for this parcel? _____

Was the timber harvest done under a Washington Department of Natural Resources approved Forest Practice Application? No Yes Forest Practice Application No. _____

*You must attach copies of your Forest Practice Application/Notification, Forest Practice Notice of Decision, the recorded Notice of Moratorium, and a completed SEPA Checklist, all with appropriate fees.

Timber Operator: _____

Address: _____

Home Phone: _____

Work Phone: _____

Identify the type and approximate volume of timber removed from the parcel:

Douglas fir	_____	MBF	Western Red Center	_____	MBF
Alder	_____	MBF	Maple	_____	MBF
		MBF			MBF

Are there any critical areas on your site? (i.e. wetlands, streams, creeks, rivers, steep slopes, etc.)

No Yes Describe: _____

Were any of the buffer areas affected by the timber harvest? No Yes
Did you harvest any timber within the critical areas on your site? No Yes
Have you replanted per Dept of Natural Resources standards? No Yes

1. I certify that I am the forest landowner, as that term is defined in RCW 76.09.020 and WAC 222-16-010, and that I am familiar with the requirements of the Forest Practices Act, RCW 76.09, and the forest practice rules, WAC Title 22. I am specifically familiar with RCW 76.09.060(3) and its effects.
2. I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Name (Print) _____ Date: _____

Applicant Signature: _____ Date: _____

Property Owner(s) Name(s) _____ Date: _____

Property Owner Signature(s): _____ Date: _____

Signature of property owner(s) authorizes the Community Development Department Staff reasonable access to the property in order to evaluate the application.

For Department use only	
Date Received	Date complete
Receipt #	File #
DNR Region	DNR comment