SEPA APPLICATION

Mail: PO Box 371, Stevenson, Washington 98648 Email: planning@ci.stevenson.wa.us Phone: (509)427-5970

Applicant/Contact:_____

    Mailing Address: _____

    Phone:_____   E-Mail Address:_____

Property Owner (when applicable)**:**_____

    Mailing Address:_____

    Phone:_____   E-Mail Address:_____

> If There are Additional Property Owners, Please Attach Additional Pages and Signatures as Necessary

Submittal Requirements

Applicants must provide the following information for all SEPA Threshold Determination Applications. The City will not accept applications without the required information.

- ☐   **Application Fee** ($_____)

- ☐   **Agreement to Pay Outside Consulting Fees** (When applicable)

- ☐   **Completed Application Signed by the Applicant**

- ☐   **Any Associated Applications**

- ☐   **Two (2) Copies of a Site Plan, Clearly Showing all** *Existing Structures* **as well as all** *New Construction*

- ☐   **Completed Environmental Checklist Available Online at** https://ecology.wa.gov/Regulations-Permits/SEPA/Environmental-review/SEPA-document-templates

- ☐   **Two (2) Copies of any Environmental Document Referenced in the Checklist**

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SEPA Application

SEPA stands for State Environmental Policy Act. Its regulations are located in RCW 43.21C, WAC 197-11, and SMC 18.04. The information provided with this application will allow the City to make a Threshold Determination. Threshold Determinations assess the likelihood of significant environmental impacts and result in one of following: DNS – Determination of Nonsignificance, MDNS – Mitigated Determination of Nonsignificance, Determination of Significance. If a Determination of Significance is issued, an Environmental Impact Statement and additional fees will be required.

Property Information (when applicable)

Property Address (Or Nearest Intersection)**:** _____

Tax Parcel Number:_____   **Lot Area:**_____

Water Supply Source: ☐ City   ☐ Well   **Sewage Disposal Method:** ☐ City   ☐ Septic

Brief Narrative of Request _____

_____

_____

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_____

As the property owners of the real property described in this proposal, our signatures indicate our approval of this proposal, with the understanding that the proposal is subject to review, approval, and/or denial under SMC Title 18.

I/we hereby provide written authorization for the City to reasonably access to the subject property to examine the proposal and carry out the administrative duties of the Stevenson Municipal Code.

Incomplete applications will not be accepted.   ●   Ensure all required submittals are included.

Signature of Applicant:_____   **Date:**_____

Signature of Property Owner(when applicable)**:**_____   **Date:**_____

For Official Use Only:
Date Application Received:_____   Date Application Complete:_____