

Sensitive Area Pre-Screening Site Assessment

Jurisdiction: <u>CITY OF CORNELIUS</u>	
Property Information: <i>(example 1S234AB01400)</i> Taxlot ID(s): _____ _____ OR Site Address: _____ City State Zip: _____ Nearest Cross Street: _____	Owner Information: Name: _____ Company: _____ Address: _____ City State Zip: _____ Phone/Fax: _____ / _____ E-mail: _____
Development Activity: Check all that apply Addition to Single Family Residence (<i>rooms, deck, garage</i>) <input type="checkbox"/> Lot Line Adjustment <input type="checkbox"/> Minor Land Partition <input type="checkbox"/> Residential Condominium <input type="checkbox"/> Commercial Condominium <input type="checkbox"/> Residential Subdivision <input type="checkbox"/> Commercial Subdivision <input type="checkbox"/> Single Lot Commercial <input type="checkbox"/> Multi Lot Commercial <input type="checkbox"/> Other _____	Applicant Information: Name: _____ Company: _____ Address: _____ City State Zip: _____ Phone/Fax: _____ / _____ E-mail: _____
Will the project involve any off-site work: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/> Location and description of off-site work: _____ _____	
Additional comments or information that may be needed to understand your project: _____ _____	

This application does NOT replace the need for Grading and Erosion Control Permits, Connection Permits, Building Permits, Site Development Permits, DEQ 1200-C Permit or other permits as issued by the Department of Environmental Quality, Department of State Lands and/or Department of the Army COE. All required permits and approvals must be obtained and completed under applicable local, state, and federal law.

By signing this form, the Owner or Owner's authorized agent or representative, acknowledges and agrees that employees of The City of Cornelius and Clean Water Services have authority to enter the project site at all reasonable times for the purpose of inspecting project site conditions and gathering information related to the project site. I certify that I am familiar with the information contained in this document, and to the best of my knowledge and belief, this information is true, complete, and accurate.

Print/Type Name: _____ Print/Type Title: _____

Signature: _____ Date: _____

FOR CITY AND CLEAN WATER SERVICES (CWS) USE ONLY

- Sensitive areas potentially exist on site or within 200' of the site. **THE APPLICANT MUST PERFORM A SITE ASSESSMENT PRIOR TO ISSUANCE OF A SERVICE PROVIDER LETTER.** If Sensitive Areas exist on the site or within 200 feet on adjacent properties, a Natural Resources Assessment Report may also be required.
- Based on review of the submitted materials and best available information Sensitive areas do not appear to exist on site or within 200' of the site. This Sensitive Area Pre-Screening Site Assessment does **NOT** eliminate the need to evaluate and protect water quality sensitive areas if they are subsequently discovered. This document will serve as your Service Provider letter as required by CWS Resolution and Order 07-20, Section 3.02.1. All required permits and approvals must be obtained and completed under applicable local, State, and federal law.
- Based on review of the submitted materials and best available information the above referenced project will not significantly impact the existing or potentially sensitive area(s) found near the site. This Sensitive Area Pre-Screening Site Assessment does **NOT** eliminate the need to evaluate and protect additional water quality sensitive areas if they are subsequently discovered. This document will serve as your Service Provider letter as required by CWS Resolution and Order 07-20, Section 3.02.1. All required permits and approvals must be obtained and completed under applicable local, state, and federal law.
- This Service Provider Letter is not valid unless _____ CWS approved site plan(s) are attached.**
- The proposed activity does not meet the definition of development or the lot was platted after 9/9/95 ORS 92.040(2). **NO SITE ASSESSMENT OR SERVICE PROVIDER LETTER IS REQUIRED.**

Reviewed By: _____ **Agency:** _____ **Date:** _____