



MASON COUNTY DEPARTMENT OF COMMUNITY SERVICES

Mason County Bldg. 8, 615 W. Alder Street, Shelton, 98584

(360) 427-9670 Belfair (360) 275-4467 Elma (360) 482-5269

www.co.mason.wa.us

FOREST MORATORIUM WAIVER/RELEASE APPLICATION

This application is to be used to waive a portion of a parcel for development permits or to release the entire tract from the six year moratorium for development permits. This process was created under the guidance of RCW 76.09.060. This application needs to be filled out completely, so that we have all the information to process this in an expedient manner.

Which are you requesting from the Moratorium? Waiver Release

Applicants Name: _____ Operator's Name: _____

Applicant's Address: _____ Operator's Address: _____

Applicant's E-mail: _____

Applicant's Phone number: _____

Effected Parcel Number: _____ Parcel size (in acres): _____

Identify what type of timber was removed, ie: Douglas Fir, Western Red Cedar, Alder, Maple, etc:

Was the timber harvest done under an approved forest practice application: Yes No

Was there an enforcement action taken by the Department of Natural Resources (DNR): Yes No Forest

Practice Application Number: _____ Forest Practice Application date of approval: _____

What is your intention to do with the effected parcel:

Have you attached a site plan to show the area of the requested waiver or release: Yes No

Are there any critical areas on your site? ie: wetlands, streams, creeks, steep slopes, etc.: Yes No

If yes, identify the type of critical area(s):

Please list conditions of approvals by DNR for your forest practice application:

Were any of the buffer areas effected by the timber harvest?: Yes No

Identify if you harvested any timber in the critical areas on your site: Yes No

Did you replant per DNR standards: Yes No

Application Signature

- 1) I certify that I am the forest land owner, 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 222. I am specifically familiar with RCW 76.09.460(c) 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.

Signed this _____ day of _____, 20_____ at
(Month)

_____, (City) (State) _____ (Signature)

STATE OF WASHINGTON)
:SS
COUNTY OF _____)

I, the undersigned Notary Public, in and for the juris-
diction aforesaid, do hereby certify that

SEAL:

whose name(s) is(are) signed to the Declaration of
Parcel Combination, appeared before me and
personally acknowledged the same.

GIVEN under my hand and seal this _____ day of
_____, 20_____.

(signature)

APPROVED DATE _____

Director of Community Services

Applicant is to provide pre-addressed envelopes or mailing labels to apply to envelopes of adjacent property owners' **MAILING ADDRESSES** within 300 feet of property boundaries for notification

EXAMPLE: John Smith 555 E Smith Dr Shelton, WA 98584		
Jane Doe PO Box 000 Olympia, WA 98502		

APPLICANT MUST PROVIDE MAILING LABELS

Publication Cost Agreement

Publication cost is the responsibility of the applicant. Final permit processing will **not** occur until advertising fees have been paid to the newspaper by the applicant. The Shelton-Mason County Journal will bill the applicant directly.

I / WE understand that I / WE must sign and date the attached acknowledgment indicating and that I / WE understand that is MY / OUR responsibility. I / WE must submit the signed page as part of application in order for it to be considered as complete.

DATE

OWNER

APPLICANT