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# Shoreline Exemption Application Form



### Office Use Only

DATE: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_ LAND: \_\_\_\_\_ PAYMENT METHOD:  CHECK  CREDIT CARD

**NOTICE:** Materials delivered by courier or by mail **will not be accepted.**

Project Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Acres: \_\_\_\_\_ Zoning: \_\_\_\_\_

### DESCRIPTION OF PROPOSAL (INCLUDE NUMBER OF LOTS, BUILDINGS, PROPOSED USE, ETC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DESCRIBE THE EXISTING CONDITIONS AT THE SITE, WITH ANY SPECIAL CONDITIONS OR PROBLEMS NOTED WHICH ADDRESS THE NEED FOR A SHORELINE EXEMPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF ANY OTHER WORK PLANNED IN THE FUTURE WHICH IS RELATED TO THIS PROJECT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONTACT INFORMATION Select Billing Contact: APPLICANT OWNER

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### SHORELINE EXEMPTION

This project is EXEMPT because: **check applicable box**

- Maintenance or repair of existing legal structures
- Construction of normal protective bulkhead
- Emergency construction
- Single Family Residence/Appurtenances
- Dock with market value under \$10,000
- Watershed Restoration Project
- Other: \_\_\_\_\_