



CLEARING & GRADING APPLICATION

CITY OF BLACK DIAMOND

24301 Roberts Dr PO Box 25510
Black Diamond, WA 98010

Official Use Only					
TYPE	YR	PERMIT NUMBER			

Phone: (360) 886-2560
Fax: (360) 886-2592

Application Date: _____

NOTE: Permit must be picked up within 60 days of notification that it is ready to issue, or it will be cancelled.

Property Address: _____

Parcel Number: _____

Legal Description: _____

(If short plat, list short plat # plus lot #. If subdivision, list name, block, & lot#. If unplatted, attach complete legal description.)

Applicant/Contact: _____

Phone# _____

Address: _____

City: _____

State: _____

Zip: _____

Property Owner: _____

Phone# _____

Address: _____

City: _____

State: _____

Zip: _____

Engineer: _____

Phone# _____

Address: _____

City: _____

State: _____

Zip: _____

Contractor: _____

Phone# _____

Address: _____

City: _____

State: _____

Zip: _____

Contractor's License: _____

City License: _____

Description of Work: _____

Purpose of Work: _____

Area (sq ft) of property under application: _____

Area (sq ft) to be cleared and/or graded: _____

Total cubic yards of fill (27 cubic ft=1 cubic yd): _____

Total cubic yards of excavation: _____

note: cubic yards of fill and excavation are independent of each other

Identify any environmental sensitive areas such as streams, surface water, drainage course or wetlands on or within 200ft of the property. _____

Land Use Approval(s) required for this application: (List if applicable to your project.)

() Prior: _____

Permit #

() In Progress: _____

Permit #

I certify that the information on this application is true and correct and that the applicable requirements of the City of Black Diamond, RCW, DOE and State Environmental Policy Act (SEPA) will be met.

Signature: _____

Date: _____

(Owner or Owners Agent)