



City of Seattle
Department of Construction and Inspections
700 Fifth Ave., Suite 2000
P.O. Box 34019
Seattle, WA 98104-4019

ECA RESTORATION PLAN APPLICATION

TO BE COMPLETED BY APPLICANT

Date: _____

AP Number: _____

Owner's Name: _____

Address: _____

Phone: _____

Email: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

Site Address: _____

Legal Description: _____

Tax Parcel Number: _____

Environmentally Critical Area(s) on/near site:

Geological Hazard

Abandoned Landfill

Flood-prone

Other _____

Wetlands

Fish & Wildlife Habitat Conservation Area (Creeks, Shorelines, etc.)

Riparian

ECA TREE CUTTING/VEGETATION REMOVAL PERMIT APPLICATION, page 2 of 3

T O B E C O M P L E T E D B Y A P P L I C A N T

Is the project associated with any other construction permit?

Yes

No

If yes, provide permit number and description:

Permit Number: _____

Description of associated construction or other permit:

This project is:

Voluntary Restoration

Required Mitigation as part of an enforcement action

Other _____

Note: An ECA Restoration Plan Application form does not need to be included with landscape or restoration plans submitted as part of a plan set or a Hazard Tree Removal Application.

Square Footage of Job Site Area = _____ square feet

Less than 750 square foot

Between 750 and 1,500 square foot

Between 1,500 and 9,000 square foot

Greater than 9,000 square foot

Are any of the trees proposed for removal designated as heritage trees or protected under past land use actions? No Yes

Description of work to occur (describe scope of work and objectives; attach any plans)

ECA TREE CUTTING/VEGETATION REMOVAL PERMIT APPLICATION, page 3 of 3

T O B E C O M P L E T E D B Y A P P L I C A N T

Is this action the result of a violation?

Yes

No

If yes, provide case number and description:

Case Number: _____

Provide documentation and description of the prior or existing conditions of the site that will be restored or replanted (attach any additional information).

T O B E C O M P L E T E D B Y S E A T T L E D C I S T A F F

Application Number: _____ Receipt #: _____

Intake Staff: _____ Fee: _____

Analyst: _____

Approved: _____ Denied: _____ Date: _____

Note: if your project is a wetland mitigation/restoration project you must follow the procedures outlined in Wetland Mitigation in Washington State Part 2: Developing Mitigation Plans, Version 1, March 2006, Ecology Publication #06-06-011b