



Skamania County Community Development Department

Building/Fire Marshal ♦ Environmental Health ♦ Planning

Skamania County Courthouse Annex

Post Office Box 1009

Stevenson, Washington 98648

Phone: 509-427-3900 Inspection Line: 509-427-3922

NATIONAL SCENIC AREA LETTER AMENDMENT INTAKE CHECKLIST

(This form must be completed and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all of the requirements below are submitted)

STAFF

APPLICANT

Complete Application. A complete Letter Amendment application must be submitted along with a *non-refundable* \$250 fee (payable to Skamania County Treasurer) for each requested amendment. **Fees are subject to change by resolution of the County Commissioners.**

Modified plans attached. If applicable, the letter amendment application should be accompanied by any modified plans. For example, a modified site plan or a modified elevation plan.

Reviewed by _____

Complete: Yes _____

No _____

Date: _____

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NATIONAL SCENIC AREA LETTER AMENDMENT & INFORMATIONAL PACKET

What is a Letter Amendment?

A letter amendment is a written request for a minor change to an approved National Scenic Area application. The approval of minor changes shall be considered an administrative action only requiring an appeal period of twenty (20) days to the decision.

Examples of letter amendments include minor height changes, roofline changes, or design modifications that differ from the approved design or the septic system location changes.

The Process

1. The National Scenic Area Letter Amendment application must be completed and submitted together with applicable plan changes (for example, modified site plan or modified elevation plan).
2. The request will be reviewed administratively. Once the decision is issued, there is appeal period of twenty (20) days. Only the change itself, not the original decision, is subject to appeal.

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NATIONAL SCENIC AREA LETTER AMENDMENT

(Please complete application in ink)

Applicant: _____ E-mail: _____

Address: _____ Home: ()

Work: ()

Property Owner: _____ E-mail: _____

Address: _____ Home: ()

Work: ()

Site Address: _____

Tax Lot/Parcel # _____

Location of Property: _____

Minor Modification Project Description (Attach additional sheets if necessary):

Attached Plans (if applicable): Modified Site Plan Modified Elevation Other

Applicant signature(s): _____ Date: _____

Owner signature(s): _____ Date: _____

Signature of the property owner(s) authorizes the Community Development Department and other Agency personnel reasonable access to the site in order to evaluate the application.

FOR DEPARTMENT USE ONLY	
Legal description attached: Yes / No	
Date received	Date complete
Receipt #	File #