



For DNR Use Only	
App. #	
<input type="checkbox"/> Application in Prism	<input type="checkbox"/> Harvest data form
<input type="checkbox"/> Tracking form	<input type="checkbox"/> Welcome letter

## Family Forest Fish Passage Program Application for FISH PASSAGE BARRIER EVALUATION

The Family Forest Fish Passage Program assists small forest landowners to improve fish passage on their forestlands by removing artificial, or human created fish barrier. If you believe you may have a fish barrier and are interested in having the site evaluated, please complete this application. For a full explanation of this program, please refer to Family Forest Fish Passage Program Guidelines (<http://www.dnr.wa.gov/Publications/fpsffpfpguidelines.pdf>) or call (360) 490-0020 for assistance.

After your application is received, a field representative will contact you to set up a site visit and provide you with a detailed explanation of the program. If the site does not meet the program criteria, your enrollment will be automatically discontinued.

### CONTACT INFORMATION

Landowner(s): \_\_\_\_\_

Company/Corporation Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_; City: \_\_\_\_\_

State: \_\_\_\_\_; Zip Code: \_\_\_\_\_; Home/Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_; Email: \_\_\_\_\_

How did you find out about the program? \_\_\_\_\_ How many acres do you own? \_\_\_\_\_

Landowner representative: \_\_\_\_\_; Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Main contact for project: ☐ Landowner ☐ Landowner representative

### SITE INFORMATION

Address: \_\_\_\_\_; City: \_\_\_\_\_

State: \_\_\_\_\_; Zip Code: \_\_\_\_\_ County: \_\_\_\_\_; Parcel numbers: \_\_\_\_\_

Legal Description: ¼ Section: \_\_\_\_\_; Section: \_\_\_\_\_; Township: \_\_\_\_\_; Range: \_\_\_\_\_

Forest Practices Application Number (if applicable): \_\_\_\_\_ Number of fish barriers you are applying for: \_\_\_\_\_

Type of Barrier: \_\_\_\_\_ Type of Barrier: \_\_\_\_\_ Type of Barrier: \_\_\_\_\_ Type of barrier: \_\_\_\_\_

Name of stream: \_\_\_\_\_; Tributary of: \_\_\_\_\_

Do others have Right-of Way or Easement over the crossing: \_\_\_\_\_; Are there utilities in the roadway: \_\_\_\_\_

Is there a cost share for the site: \_\_\_\_\_; Any known barriers upstream or downstream of the site: \_\_\_\_\_

Driving directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I certify that the information above is correct; and that I choose to enroll in the Family Forest Fish Passage Program and have my site evaluated for potential barrier/s.

Name: \_\_\_\_\_; Date: \_\_\_\_\_

Mail to:

Washington DNR; Small Forest Landowner Office; 1111 Washington St; MS 47012; Olympia, WA 98504-7012