

Agreement Expires: _____

GENERAL RELEASE & INDEMNITY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That _____
_____ legal owners residing at _____
_____ and in consideration of the receipt by him/her/them of _____ yards
of chips, dirt, earth, gravel, and other soils, to him in hand delivered at:
(address) _____, Parcel No.

_____ COUNTY OF ISLAND, STATE OF WASHINGTON, does/do by these
presents release and discharge the County of Island, State of Washington, its officials, employees,
agents and /or contractors of and from all, and all manner of actions and causes of action, judgments,
executions, debts, dues, claims and demands, of every kind and nature whatsoever, which now has, or
which his/her/their heirs, executors, or administrators have now or may hereafter have by reason of the
said delivery of chips, dirt, earth, gravel, and other soils to him/her/them.

**NOTE: FILLING WITHIN 100' OF A WETLAND IS PROHIBITED BY LAW.
PLEASE CONTACT THE ISLAND COUNTY COMMUNITY DEVELOPMENT
DEPARTMENT IF YOU HAVE ANY QUESTIONS**

Said _____ will indemnify and save Island County harmless
from and against any and all loss, resulting directly or indirectly from said delivery of chips, dirt, earth,
gravel, and other soils to him/her/them.

IN WITNESS WHEREOF _____ has hereunto set
his/her/their hand this _____ day of _____, 20_____.

This agreement is in effect for TWO (2) YEARS from date of signing/approval.

(Legal Owner) (Legal Owner)

STATE OF WASHINGTON
SS
COUNTY OF ISLAND

On this day personally appeared before me _____, proved to me on the basis
of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and
acknowledged that he/she/they executed it as his/her/their free and voluntary act and deed for the
purposes therein mentioned.

WITNESS my hand and official seal this _____ day of _____, 20_____.

Signature of Notary Public Exp. Date

SEAL

Printed Notary Name Residing at

REQUEST FOR FIELD CHECK
Site Investigation for Receipt of Island County Fill

Directions to Site: If incomplete, action may be delayed. _____

Date of Request	_____
Owner (Please Print)	_____
Mailing Address	_____ Telephone # _____
City/State/Zip	_____
Site Address	_____
Parcel No.	_____
Road Shop (circle one)	_____
	Bayview, Coupeville, Camano, Oak Harbor
Type of Fill	_____
Amount of Fill in cu yd.	_____
Requested by:	_____
	Signature of Owner

NOTE: FILLING IN EXCESS OF FIVE HUNDRED (500) CUBIC YARDS, OR ANY AMOUNT OF FILL WITHIN 100 FEET OF AN ENVIRONMENTALLY SENSITIVE AREA, REQUIRES A GRADING PERMIT PER ICC 11.01.120. PLEASE CONTACT ISLAND COUNTY PUBLIC WORKS FOR AN APPLICATION.

Sketch of proposed fill site. Attach additional sheets as appropriate.

Comments: _____

SITE IS: APPROVED DENIED FOR ISLAND COUNTY FILL

BY: _____ **Date:** _____

FIELD NOTES

Date of Site Visit _____

Environmentally Sensitive Areas:

- _____ Steep/Unstable Slopes
- _____ Wetlands/Streams
- _____ Bald Eagle Habitat
- _____ Critical Drainage
- _____ Within 200 Feet of Shorelines
- _____ Archaeological Site

Remarks:
