

OWNER INFORMATION
NAME: EJ and Catherine Fernandez

NAME: EJ and Catherine Fernandez
STREET ADDRESS: PO Box 309

CITY: Sumner

APPLICANT INFORMATION

CRITICAL AREA IDENTIFICATION FORM

This identification form is to be submitted in advance or concurrently with a project application if the proposed project is subject to the requirements found in the City's critical area code PMC 21.06. The purpose of this form is to determine if a critical area report is required due to the development site being on or near any critical areas. Please fill out this form completely where applicable.

APPLICATION INFORMATION

STATE: WA

PHONE:				EMAIL:							
CONT	TACT IN	FORMATION (IF	DIFFERENT FR	T FROM ABOVE)							
NAME: Joleen Jones											
STREET ADDRESS: 905 Main Street, Suite 200											
CITY: S			STATE: WA		ZIP CODE: 98390						
PHONE: 253.249.3643			EMAIL: joleen	@jmjteam.com							
Project N	lame					_					
Parcel Nur	mber (s)	0420222005									
Address (s	·)	320 Todd Road NE									
Applicant	t Informa	tion									
Vame	same a	me as above									
Address											

Zip

Phone

ZIP CODE: 98390

Briefly describe the proposed development project:

State

Conditional Use Permit (with landscape buffer reduction variance) to convert and a single family residence into a Professional Office use within the RM-20 zoning.

City

Email

Based on the applicant's knowledge and research of the project site, please select any of the critical areas listed below that are located on or within 300 feet of the property boundaries									
Wetlands	Lakes/Ponds	✓ Streams/Creeks							
Slopes 0% - 15%	Slopes 16% – 39%	Slopes 40% or Greater							
Puyallup River Shoreline	Clarks Creek Shoreline	Volcanic Hazard Areas							
Shoreline Classification	Wellhead Protection Area	Habitat Conservation Area							
Conservancy	Flood Zones	Habitat Corridor							
Rural	Flood Classification:	Aquifer Recharge Area							
Urban									
Please describe the critical areas checked above and their location in relation to the proposed development. Please show their location on any plans to be submitted									
The critical area is located o	n the property to the east of the	ne subject site.							
Do you know of any present or past critical area studies that have been conducted for critical areas on-site or adjacent to the site? Please describe below; including their date, scope,									
conclusions, and parcels they included The critical areas report, STREAM/WETLAND CORRIDOR									
BUFFER RESTORATION PROGRAM, 2023, is included with this submittal.									
Do you know if any critical areas have been placed inside a tract or a protection easement that is recorded on the title or plat for this site or any adjacent site? Please describe below, including name of tract or easement, location, and Puyallup permit number or recording number									
	e critical area being placed in								
-									
AUTHORIZATION:									
I, the undersigned hereby certify that this application has been made with the consent of the lawful property owner(s) and that all information submitted on or with this application is complete and correct. I understand that false statements, errors, and/or omissions may be sufficient cause for denial of any related applications. I									
acknowledge that if the City needs to obtain the services of an expert third party to review any technical information regarding my proposal, that I shall be responsible for any financial costs of said third party review.									
AUTHORIZED SIGNATURE DATE 1/9/2024									

THIS BOX FOR STAFF USE ONLY								
	CRITICAL AREA REPORT REQUIRED:	YES		NO				
	EXEMPT FROM CRITICAL AREA ORD	YES		NO				
	EXCEPTION FOR MINOR NEW DEVEL	YES		NO				
	STAFF VERIFICATION	COMM	1ENTS					
	WETLAND	30.11						
	GEOLOGICAL HAZARD AREA							
	VOLCANIC HAZARD AREA							
	FLOOD ZONE							
	FISH AND WILDLIFE HABITAT							
	AQUIFER RECHARGE/WELLHEAD							
	STREAM/SHORELINE							