



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

OWNER INFORMATION		
NAME: ASH DEVELOPMENT C/O GREG HELLE		
APPLICANT INFORMATION		
NAME: CHRISTOPHER DODOS		
STREET ADDRESS: 2215 N 30TH ST., SUITE 200		
CITY: TACOMA	STATE: WA	ZIP CODE: 98403
PHONE: (253) 284-0232	EMAIL: CDODOS@AHBL.COM	
CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
FAX:		

Project Name			
Parcel Number (s)	0420264021, 0420264053, 0420264054, 0420351030, 0420351029, 0420351026 & 0420351066		
Address (s)	2902, 13102, and 3104 East Pioneer Avenue and 813, 901, and 911 Shaw Road East in the City of Puyallup, Pierce County, Washington.		
Applicant Information			
Name	CHRISTOPHER DODOS		
Address	2215 N 30TH ST., SUITE 200		
City	TACOMA	State WA	Zip 98403
Email	CDODOS@AHBL.COM		Phone (253) 284-0232

Briefly describe the proposed development project:

Plan for the proposed stream restoration and mixed-use development of a 10.93-acre site located at 2902, 13102, and 3104 East Pioneer Avenue and 813, 901, and 911 Shaw Road East in the City of Puyallup, Pierce County, Washington. The subject property consists of seven parcels situated in the Southeast ¼ of Section 26 and the Northeast ¼ of Section 35, Township 20 North, Range 4 East, W.M.

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			
<input checked="" type="checkbox"/>	Wetlands	<input type="checkbox"/>	Lakes/Ponds
<input checked="" type="checkbox"/>	Streams/Creeks	<input type="checkbox"/>	Slopes 0% - 15%
<input type="checkbox"/>	Slopes 16% - 39%	<input type="checkbox"/>	Slopes 40% or Greater
<input type="checkbox"/>	Puyallup River Shoreline	<input type="checkbox"/>	Clarks Creek Shoreline
<input type="checkbox"/>	Volcanic Hazard Areas	<input type="checkbox"/>	Shoreline Classification
<input type="checkbox"/>	Habitat Conservation Area	<input type="checkbox"/>	Wellhead Protection Area
<input type="checkbox"/>	Habitat Corridor	<input type="checkbox"/>	Conservancy
<input type="checkbox"/>	Habitat Corridor	<input type="checkbox"/>	Flood Zones
<input type="checkbox"/>	Aquifer Recharge Area	<input type="checkbox"/>	Rural
			Urban
			Flood Classification:

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

See "Executive Summary" on page 3 of submitted "East Town Crossing Mitigation Plan"


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

See "Executive Summary" on page 3 of submitted "East Town Crossing Mitigation Plan"

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

See "Executive Summary" on page 3 of submitted "East Town Crossing Mitigation Plan"

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.

 10/04/2024

AUTHORIZED SIGNATURE	DATE
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THIS BOX FOR STAFF USE ONLY				
CRITICAL AREA REPORT REQUIRED:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EXEMPT FROM CRITICAL AREA ORDINANCE:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EXCEPTION FOR MINOR NEW DEVELOPMENT IN BUFFER:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
STAFF VERIFICATION		COMMENTS		
<input type="checkbox"/>	WETLAND			
<input type="checkbox"/>	GEOLOGICAL HAZARD AREA			
<input type="checkbox"/>	VOLCANIC HAZARD AREA			
<input type="checkbox"/>	FLOOD ZONE			
<input type="checkbox"/>	FISH AND WILDLIFE HABITAT			
<input type="checkbox"/>	AQUIFER RECHARGE/WELLHEAD			
<input type="checkbox"/>	STREAM/ShORELINE			