



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: Urban Puyallup Mixed Use LLC		
APPLICANT INFORMATION		
NAME: Walker John - Urban Puyallup Mixed Use LLC		
STREET ADDRESS: P.O. Box 7534		
CITY: Olympia	STATE: WA	ZIP CODE: 98507
PHONE:	EMAIL: walker@urbanolympia.com	
CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
FAX:		

Project Name			
Parcel Number (s)	5745001641, 5745001632, 5745001631		
Address (s)	204 4TH ST SW, PUYALLUP WA 98371		
Applicant Information			
Name	Walker John - Urban Puyallup Mixed Use LLC		
Address	P.O. Box 7534		
City	Olympia	State WA	Zip 98507
Email	walker@urbanolympia.com	Phone	

Briefly describe the proposed development project:







PROPOSED CONSTRUCTION OF A 5 STORY MULTI-FAMILY BUILDING WITH 100 RESIDENTIAL UNITS. 70 PARKING SPACES IN A GROUND FLOOR PARKING GARAGE. LOBBY AND LEASING OFFICE ON LEVEL 1 AND AMENITY DECK AND DOG RUN ON LEVEL 2. THE STRUCTURE PROPOSED IS APPROXIMATELY 114,000 SF AND 55' TALL. DESIGN ELEMENTS TO MEET THE REQUIREMENTS OF THE DOWNTOWN DESIGN GUIDELINES HAVE BEEN INCLUDED.

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 type="checkbox"/> Wetlands	<input type="checkbox"/> Lakes/Ponds	<input type="checkbox"/> Streams/Creeks
<input checked="" 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 checked="" type="checkbox"/> Volcanic Hazard Areas
<input type="checkbox"/> Shoreline Classification	<input type="checkbox"/> Wellhead Protection Area	<input type="checkbox"/> Habitat Conservation Area
<input type="checkbox"/> Conservancy	<input type="checkbox"/> Flood Zones	<input type="checkbox"/> Habitat Corridor
<input type="checkbox"/> Rural	Flood Classification:	<input type="checkbox"/> Aquifer Recharge Area
<input type="checkbox"/> 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 site is generally flat and located in downtown Puyallup. The City Hazard Maps identify the site as being within the Lahar Zone, which would be a Volcanic Hazard Area.

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
Included with this application is a Soils Report prepared for the project.

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
No

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.				
<table> <tr> <td>AUTHORIZED SIGNATURE</td> <td></td> <td></td> <td>DATE 10/20/2025</td> </tr> </table>	AUTHORIZED SIGNATURE			DATE 10/20/2025
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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			