



## 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

<b>OWNER INFORMATION</b>		
NAME: Cascade Shaw Development, LLC		
<b>APPLICANT INFORMATION</b>		
NAME: Gil Hulsmann - Abbey Road Group Land Development Services		
STREET ADDRESS: PO Box 1224		
CITY: Puyallup	STATE: WA	ZIP CODE: 98371
PHONE: 253.435.3699	EMAIL: gil.hulsmann@abbeyroadgroup.com	
<b>CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)</b>		
NAME: Gil Hulsmann		
STREET ADDRESS: PO Box 1224		
CITY: Puyallup	STATE: WA	ZIP CODE: 98371
PHONE: 253.435.3699	EMAIL: gil.hulsmann@abbeyroadgroup.com	
FAX:		

### Project Name

Parcel Number (s) 0420351003

Address (s) 808 Shaw Rd

### Applicant Information

Name Gil Hulsmann - Abbey Road Group Land Developmtn Services

Address PO Box 1224

City Puyallup State WA Zip 98371

Email gil.hulsmann@abbeyroadgroup.com Phone 253.435.3699

### Briefly describe the proposed development project:

Development of the parcel for an apartment complex. 8 building, seven 3-story apartment buildings (168 units) and a clubhouse. The front of the lot along Shaw Rd is for a commercial development.

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

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

Deer creek is located along the western boundary of the parcel. Per our site plan, no work will be done within 200 feet of Deer Creek.

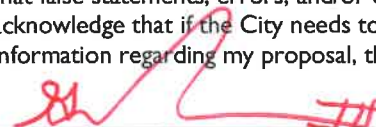
**Do you know of any present or past critical area studies that have been conducted for critical areas on-site or adjacent to the site? Please describe below; including their date, scope, conclusions, and parcels they included**

A FEMA LOMR was done in 2018, effective 2019. Case No.: 18-10-0841P (please see the attached LOMR document attached to this Preliminary Site Plan Review submittal packet. Critical Areas Assessment prepared by Habitat Technologies June 2020, please see attached to this Preliminary Site Plan Review submittal packet.

**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.

 2 Nov 21

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