



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: AVT Services, LLC | | | |
| APPLICANT INFORMATION | | | |
| NAME: Apex Engineering, LLC Attn: Staci Saunders | | | |
| STREET ADDRESS: 2601 S. 35th St., Ste. 200 | | | |
| CITY: Tacoma | | STATE: WA | ZIP CODE: 98409 |
| PHONE: 253-473-4494 | | EMAIL: saunders@apexengineering.net | |
| CONTACT INFORMATION (IF DIFFERENT FROM ABOVE) | | | |
| NAME: | | | |
| STREET ADDRESS: | | | |
| CITY: | | STATE: | ZIP CODE: |
| PHONE: | | EMAIL: | |
| FAX: | | | |

| | | | |
|------------------------------|--|-------|--------------------|
| Project Name | | | |
| Parcel Number (s) | 4320000160 | | |
| Address (s) | XXX 7th St. SW | | |
| Applicant Information | | | |
| Name | Apex Engineering, LLC Attn: Staci Saunders | | |
| Address | 2601 S. 35th St., Ste. 200 | | |
| City | Tacoma | State | WA |
| | | | Zip 98409 |
| Email | saunders@apexengineering.net | | Phone 253-473-4494 |

Briefly describe the proposed development project:

One apartment building with 58 units, 76 parking stalls, and multiple open space/recreation areas.

| 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 type="checkbox"/> Slopes 0% - 15% | <input type="checkbox"/> Slopes 16% - 39% | <input checked="" 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"/> 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

steep slopes adjacent to site on the north property line.

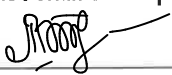
Do you know of any present or past critical area studies that have been conducted for critical areas on-site or adjacent to the site? Please describe below; including their date, scope, conclusions, and parcels they included

Critical Area Review dated March 4, 2020 to determine if any regulated wetlands or streams exist on/or within 300 ft. of parcel number 4320000160. Determination made that there are none. Geotechnical Report dated April 15, 2020 to evaluate surface and subsurface conditions for parcel number 4320000160. Determination made that site is suitable for development.

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

None known.

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.



02/17/2022

| | |
|-----------------------------|-------------|
| AUTHORIZED SIGNATURE | DATE |
|-----------------------------|-------------|

| 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 | | | | |