



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: City of Puyallup		
APPLICANT INFORMATION		
NAME: Puyallup AOB Development, LLC		
STREET ADDRESS: 5020 Main Street, Suite H		
CITY: Tacoma	STATE: WA	ZIP CODE: 98407
PHONE: 253-380-7654	EMAIL: mattc@mcconstruction.com	
CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)		
NAME: Same		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMAIL:	
FAX:		

Project Name			
Parcel Number (s)	5745001371		
Address (s)	330 3rd Street SW, Puyallup, WA 98371		
Applicant Information			
Name	Puyallup AOB Development, LLC		
Address	5020 Main Street, Suite H		
City	Tacoma	State WA	Zip 98407
Email	mattc@mcconstruction.com		Phone 253-380-7654

Briefly describe the proposed development project:

The Applicant proposes to redevelop an existing 1.11 acre surface parking lot with a multifamily structure contained a range of approximately 67 to 83 multifamily units and approximately 1,200 sf of ground floor commercial space. Supporting this development will be surface and structured parking, amenity space for residents, landscaping, stormwater improvements, and frontage parking improvements. The structure proposed is approximately 92,831 square feet, four (4) stores and approximately 45 feet tall. Design elements to meet downtown design standards have been incorporated into the Project.

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 within downtown Puyallup. The City's Hazards Map identifies the area as being within the Lahar Zone, which would be a Volcanic Hazard Area. Additionally the soil conditions identified in the Geotechnical Report indicate some seismic considerations to address through building design.

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 draft Geotechnical Report prepared for the Project and a historic Phase I Environmental Site Assessment.

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.

AUTHORIZED SIGNATURE  **DATE** 5/27/2022

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			