



PLANNING DIVISION  
CRITICAL AREA  
IDENTIFICATION FORM

STAFF USE ONLY	
CA REPORT REQUIRED	
EXEMPT FROM CAO	

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: Doce LLC			
STREET ADDRESS: 000 2nd ST E			
CITY: Puyallup		STATE: WA	ZIP CODE: 98489
PHONE:		EMAIL:	
FAX: 253-228-0578		Don@SRR-MFG.com	
<b>CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)</b>			
NAME: DONALD Haber			
STREET ADDRESS: 8103 Fox Island Bridge Rd N.W.			
CITY: Gig Harbor		STATE: WA	ZIP CODE: 99331
PHONE:		EMAIL:	
FAX: 253-228-0579		Don@SRR-MFG.com	

<b>SITE INFORMATION</b>	
PARCEL NUMBER(S): 7600200051	
ADDRESS: 000 2nd ST NE	
PROJECT NAME: None	
PARCEL SIZE: 33,600 sq	ZONING DESIGNATION: CBD
<b>Briefly describe the proposed development project:</b>	
29 UNIT Apartment Project	

Based on the proponent'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 NA	<input type="checkbox"/> Lakes/Ponds NA	<input type="checkbox"/> Streams/Creeks NA
<input type="checkbox"/> Slopes 0% - 15% NA	<input type="checkbox"/> Slopes 16% - 39% NA	<input type="checkbox"/> Slopes 40% or Greater NA
<input type="checkbox"/> Puyallup River Shoreline M	<input type="checkbox"/> Clarks Creek Shoreline NA	<input type="checkbox"/> Volcanic Hazard Areas NA
<input type="checkbox"/> Aquifer Recharge Area pu	<input type="checkbox"/> Wellhead Protection Area	<input type="checkbox"/> Habitat Conservation Area
	<input type="checkbox"/> Flood Zones NK	

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)

*NA*

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)

*NO*

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)

*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.

*[Signature]*

**AUTHORIZED SIGNATURE** **DATE** *8-8-22*

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"/> FREQUENTLY FLOOD AREA <input type="checkbox"/> FISH AND WILDLIFE HABITAT <input type="checkbox"/> AQUIFER RECHARGE/WELLHEAD <input type="checkbox"/> STREAM/ShORELINE		