



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: 2401 Inter, LLC			
APPLICANT INFORMATION			
NAME: 2401 Inter, LLC			
STREET ADDRESS: P.O. Box 252			
CITY: Puyallup		STATE: WA	ZIP CODE: 98371
PHONE: 253-820-6309		EMAIL: greg.zetterberg@gmail.com	
CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)			
NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:		EMAIL:	
FAX:			

Project Name			
Parcel Number (s)	2105200150		
Address (s)	2401 Inter Ave, Puyallup, WA 98371		
Applicant Information			
Name	2401 Inter LLC		
Address	P.O. Box 252		
City	Puyallup	State	WA
			Zip 98371
Email	greg.zetterberg@gmail.com		Phone 253-820-6309

Briefly describe the proposed development project:

Complete frontage improvements required by the City of Puyallup for a a1.85 acre site which will be paved with impervious asphalt which shall be used for truck parking. A 4,800 sq.ft. storage building will be constructed in the northwest corner of the property.

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 checked="" 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 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

A 636 sq.ft. unregulated wetland according to the City of Puyallup is located on the North side of the property. We will be leaving this area untouched.

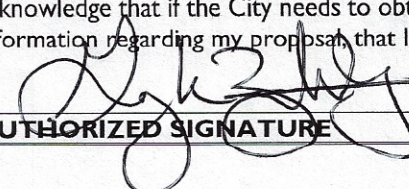
Do you know of any present or past critical area studies that have been conducted for critical areas on-site or adjacent to the site? Please describe below; including their date, scope, conclusions, and parcels they included

Previously submitted report by Habitat Technologies dated July 2017 which the city has already reviewed and approved. No changes have been made.

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

A tract has not been made. We are currently applied with the State and Feds in order to receive an unregulated status for the wetland as well. We then hope to pave over the wetland. The storm design has been designed for this additional and future asphalt.

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

12/29/2022 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			