

REQUEST FOR REVIEW

MARYSVILLE

Community Development Department • 501 Delta Avenue • Marysville, WA 98270

Office Hours: Mon - Fri 8:00 AM - 4:30 PM • Phone: (360) 363-8000

	PR	OJECT IN	FORMATI	ON						
File Number	PA23023		Date Sent		10	10/23/2023 Plea Retu		se rn by 11/6/2023		
Project Title	Spitzenberg Apartments		Related F Number(s	_	PreA23014					
Project Description	Construction of three-story, nine dwelling unit apartment building. Existing 5-unit apartment building to remain, existing single-family residence to be demolished.									
BACKGROUND SUMMARY										
Applicant	Vandervort Architects									
Location	1902 Grove Street	APNs	300	052800105700						
Acreage	0.75 acres (32,670 S	F)	Section	28	8 Township		30	Rang	e 05	
Comprehensive Plan	Flex Residential Overlay	FR	Shoreline	Env	/iro	nment		N/A		
REVIEWING AGENCIES										
Marysville	Local Agencies & Districts	State 8	k Federal		County Other				ther	
Building Parks Police PW - Development Services PW - Engineering PW - Operations PW - Solid Waste PW - Streets PW - Traffic Eng. PW - Water Res. PW - WWTP	Arlington Airport Arlington (city) Comcast Community Transit Everett (city) Lake Stevens (city) Lake Stevens SD 4 Lakewood SD 306 Marysville Fire District Marysville SD 25 PUD No. 1 (electric) Ziply	Engine BNSF DAHP DNR DOE (B DOE (R	dellevue) iloodplain) degister) shorelands)			Health District Planning Public Works - Land Development		☐ Olympic Pipeline ☐ Puget Sound Energy ☐ Stillaguamish Tribe ☐ Tulalip Tribes ☐		
PROJECT MANAGER										
Name Amy Hess	Title Senior Planner	Phor	1e 360.363	.821	15	E-mail ahe	ss@mar	ysvillew	a.gov	
affected agencies, dep City's evaluation of thi response with your na Without a full name ar	Community Developme artments, community g s application. Furtherm ame and address. We nd address, you will not ments to this project ma	roups and nore, you w highly red be conside	municipalit vill become commend t ered a Part	ies t a Pa hat	to re arty you	espond. You of Record to send your	r commothic commother comm	nents w ase if y ents on	ill assist the ou submit a letterhead.	
If you have no comme	nts, please check the bo	ox below, s	ign and ret	urn	this	form to the	project	t manag	ger.	
☐ NO COMMENTS	Signature: Date:									
ATTACHED	Title:	Agency:								