

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

PROJECT INFORMATION											
File Number	PA23002		Date Sent		02	02.15.23 Pleas		1 03 03 33		3.23	
Project Title	Sunrise Grove Apartments		Related F Number(s			PreA21062					
Project Description	Construction of a new 3-story, 16-unit apartment building.										
BACKGROUND SUMMARY											
Applicant	Gregory Menikoff – Menikoff Design LLC										
Location	4726 Grove Street	APNs	300	052	052800108700						
Acreage (SF)	0.36 acres (15,770 SF)		Section	28	8	3 Township 3		Ra	nge	05	
Comprehensive Plan	Flex Residential Overlay Zoning	FR	Shoreline	Env	viro	nment	ent N/A				
REVIEWING AGENCIES											
Marysville	Local Agencies & Districts	State 8	Federal		County			Other			
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 (F	ellevue) loodplain) egister) horelands)	Planning Public W		ealth Distric	-	Energy		ine et Sound gy nguamish	
PROJECT MANAGER											
Name Chris Holland Title Planning Manager Phone 360.363.8207 E-mail cholland@marysvillewa.gov											
The City of Marysville Community Development Department is reviewing this application and encourages other affected agencies, departments, community groups and municipalities to respond. Your comments will assist the City's evaluation of this application. Furthermore, you will become a Party of Record to this case if you submit a response with your name and address. We highly recommend that you send your comments on letterhead. Without a full name and address, you will not be considered a Party of Record. You may e-mail, fax or send via regular mail your comments to this project manager listed above. If you have no comments, please check the box below, sign and return this form to the project manager.											
_	S Signature: Date:										
☐ ATTACHED	Title: Agency:										