



APPLICATION FOR DEFERRAL OF PARKS, TRAFFIC & SCHOOL IMPACT FEES

Community Development Department ♦ 80 Columbia Avenue ♦ Marysville, WA 98270
 (360) 363-8100 ♦ (360) 651-5099 FAX ♦ Office Hours: Mon - Fri 7:30 AM - 4:00 PM

FOR AGENCY USE	Date:	File:	Fee: \$200.00				
SITE INFORMATION							
Project Title	Olympic Vista PRD	APN(s)	PA22-044				
Site Address	4128 Sunnyside Blvd.	Section	03	Township	29	Range	05
Legal Description	Attached						
OWNER/APPLICANT				CONTACT			
Name	Olympic Vista Development NW, LLC						
Address	13805 Smokey Pt. Blvd Ste 102						
City, State, ZIP	Marysville, WA 98271						
Phone - home/office	360-659-9444						
Phone - cell							
E-mail							
DEFERMENT INFORMATION							
Deferments Requested check all requested	<input checked="" type="checkbox"/> Parks		<input checked="" type="checkbox"/> Traffic		<input checked="" type="checkbox"/> School		
Parks	Land Use: Single-family	Units: 22	Total Park Fees: \$TBD				
Traffic	Land Use: Single-family	PMPHT: 22	Total Traffic Fees: \$138,600.00				
School	Land Use: Single-family	Units: 22	Total School Fees: \$TBD				
School Admin Fee	\$50.00 per SF-unit: \$TBD				Total Admin Fees: \$TBD		
Required Attachments	<input type="checkbox"/> Copy of Preliminary Approval Hearing Examiner or Administrative Land Use Decision		TOTAL COMBINED: \$TBD				
	<input type="checkbox"/> Proof of taxes and assessments paid current and fire and casualty insurance certificate						

**ACKNOWLEDGEMENT OF RESPONSIBILITY FOR
PAYMENT OF DEFERRED IMPACT FEES**

I certify (or declare) that the following is true and correct under penalty of perjury under the laws of the State of Washington:

1. I am the property owner or property owner's authorized agent .
2. If acting as an authorized agent, I further certify that I am legally authorized to act as the property owner's agent regarding the property at the above-referenced address for the purpose of filing applications for decision, permits, or review under the Unified Development Code and other applicable Marysville Municipal Codes and I have full power and authority to perform on behalf of the property owner all acts required to enable the City to process and review such applications.
3. The applicable requirements of the City of Marysville and RCW will be met.
4. Notwithstanding City's approval of this application to defer impact fees, the undersigned acknowledges that the property owner remains personally liable for all deferred impact fees and that all deferred impact fees must be paid, as follows:
 - a. Prior to final inspection for single-family detached or attached residential dwellings; or
 - b. For commercial, or industrial buildings, fifty percent (50%) shall be paid, prior to granting occupancy permits; and 50% shall be paid within 18 months from the date of building occupancy, or when ownership of the property is transferred, whichever is earlier.
5. If the property is sold, the owner will notify the purchaser in writing prior to mutual acceptance of any purchase and sale agreement of the requirement to pay impact fees as outlined in acknowledgement No. 4 above.
6. As a condition of approval of this application, the undersigned will provide proof that real estate taxes assessed upon the subject property are paid current as of the date of this application.



Owner/Owner's Authorized Agent

8/21/23

Date

For acknowledgement by owner:

STATE OF WASHINGTON)
)ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Joseph Long is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 8/21/23
(Seal or stamp)



Kathryn Stenberg
(Signature)

Notary Public
Title

My appointment expires: 4/7/25

For acknowledgement by owner's agent:

STATE OF WASHINGTON)
)ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized by _____ (property owner) to execute this instrument and acknowledged it as the agent of the property owner to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____
(Seal or stamp)

(Signature)

Title

My appointment expires: _____



Hello Mike

Order Confirmation #141383919

Your payment of \$6381.72 to Snohomish County Treasurer has been processed. Receipt is pending until approved by your financial institution. YOUR CREDIT CARD STATEMENT MAY INDICATE THAT PAYMENT WAS MADE TO "PAYDICI", which is Point & Pay's web payment address.

Payment may take up to five (5) business days to post to your account(s). It will be posted based on the date payment was made.

Parcel #	Installment	Amount
30052600302100	Minimum Amount Due	\$2,700.74
29050300102200	Minimum Amount Due	\$3,680.48
Processing Fees:		\$0.50
Total:		\$6,381.72

Payment Method: **** *540 (echeck)

Please allow 3 - 5 business days for payment to post to Snohomish County Treasurer website.

For payments made with an eCheck, your payment is pending approval by your banking institution. If your financial institution rejects the payment, for any reason, you will be contacted. You will need to provide a new payment, plus any penalties. Please note that the payment date will then be the date of this new payment.

For questions regarding this payment, please call 888-891-6064 or email support@pointandpay.com.

If you have questions regarding your property tax account, please contact the Snohomish County Treasurer's office at treasurer@snoco.org or 425-388-3366.

Login to view account history, download statements and save payment preferences:

LOGIN

Thank you,
Snohomish County Treasurer
425-388-3366
Contact.Treasurer@snoco.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/28/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

Table with 2 main columns: PRODUCER (Hub International Northwest LLC) and INSURED (Keystone Land, LLC). Includes contact info, insurer details (Clear Blue, Mutual of Enumclaw), and NAIC numbers.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Main coverage table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability (AC040001433) and Automobile Liability (CPP0026027).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project: Olympic Vista (City project no. PA22-044).

The City of Marysville is Additional Insured per form CG2012 1219 attached.;

Table with 2 columns: CERTIFICATE HOLDER (City of Marysville) and CANCELLATION (Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions).

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision where required by written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.