



**MARYSVILLE**  
WASHINGTON

# 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


<b>FOR AGENCY USE</b>	<b>Date:</b>	<b>File:</b>	<b>Fee: \$200.00</b>				
<b>SITE INFORMATION</b>							
<b>Project Title</b>	EVANS PARK	<b>APN(s)</b>	31052000301500				
<b>Site Address</b>	17909 25TH AVENUE NE	<b>Section</b>	20	<b>Township</b>	31	<b>Range</b>	05
<b>Legal Description</b>	PARCEL B, SNO. CO. SHORT PLAT NO. 109 (4-84), REC. NO. 8406140256,						
<b>OWNER/APPLICANT</b>				<b>CONTACT</b>			
<b>Name</b>	Evan's Park LLC						
<b>Address</b>	13110 NE 177th Pl #228						
<b>City, State, ZIP</b>	Woodmille WA 98072						
<b>Phone - home/office</b>							
<b>Phone - cell</b>							
<b>E-mail</b>							
<b>DEFERMENT INFORMATION</b>							
<b>Deferments Requested</b> check all requested	<input checked="" type="checkbox"/> Parks		<input checked="" type="checkbox"/> Traffic		<input checked="" type="checkbox"/> School		
<b>Parks</b>	<b>Land Use:</b>	Choose an item.	<b>Units:</b>	<b>Total Park Fees:</b>	\$		
<b>Traffic</b>	<b>Land Use:</b>	Choose an item.	<b>PMPHT:</b>	<b>Total Traffic Fees:</b>	\$		
<b>School</b>	<b>Land Use:</b>	Choose an item.	<b>Units:</b>	<b>Total School Fees:</b>	\$		
<b>School Admin Fee</b>	<b>\$50.00</b> per SF-unit:	\$		<b>Total Admin Fees:</b>	\$		
<b>Required Attachments</b>	<input type="checkbox"/> <b>Copy of Preliminary Approval</b> Hearing Examiner or Administrative Land Use Decision			<b>TOTAL COMBINED:</b>			
	<input type="checkbox"/> <b>Proof of taxes and assessments paid current and fire and casualty insurance certificate</b>			\$			

**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

  
\_\_\_\_\_  
Date

**For acknowledgement by owner:**

STATE OF WASHINGTON )  
 )ss.  
COUNTY OF SNOHOMISH )

I certify that I know or have satisfactory evidence that Darin Huseby 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: 12/2/2022  
(Seal or stamp)



[Signature]  
(Signature)

Notary  
Title

My appointment expires: July 10 2025

**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: \_\_\_\_\_