



REQUEST FOR REVIEW

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

PROJECT INFORMATION									
File Number	PA22-017			Date Sent	04.22.22		Please Return by	05.13.22	
Project Title	Marysville 172 Multi-family			Related File Number(s)	Pre-Application 21-045				
Project Description	The applicant is requesting administrative <i>Multi-family Site Plan</i> approval to construct a 474 unit apartment complex within fifteen apartment buildings, on 18.96 acres, including surface parking, carports, recreational amenities, club house and pool.								
BACKGROUND SUMMARY									
Applicant	Marysville 172 Development, LLC								
Location	1930, 2008, 2104 & 2124 172 nd Street NE			APNs	31052900200900, 31052900202400, 31052900202600, 31052900200800, 31052900201900, 31052900201100, 31052900201200				
Acreage (SF)	18.96-acres (825,748 SF)			Section	29	Township	31N	Range	05E
Comprehensive Plan	Mixed Use	Zoning	MU	Shoreline Environment			N/A		
REVIEWING AGENCIES									
Marysville	Local Agencies & Districts			State & Federal		County		Other	
<input checked="" type="checkbox"/> Building <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> LD (K. McIntyre) <input type="checkbox"/> LD (Kacey Simon) <input checked="" type="checkbox"/> LD (S. Whitney) <input checked="" type="checkbox"/> LD (Brad Zahnow) <input checked="" type="checkbox"/> Parks <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> PW – Operations <input checked="" type="checkbox"/> PW – Water Res. <input checked="" type="checkbox"/> PW – Sanitation <input checked="" type="checkbox"/> PW – Engineering <input checked="" type="checkbox"/> PW – Traffic Eng.	<input checked="" type="checkbox"/> Arlington (city) <input checked="" type="checkbox"/> Arlington Airport <input checked="" type="checkbox"/> Comcast <input checked="" type="checkbox"/> Community Transit <input type="checkbox"/> Everett (city) <input type="checkbox"/> Lake Stevens (city) <input type="checkbox"/> Lake Stevens SD 4 <input checked="" type="checkbox"/> Lakewood SD 306 <input type="checkbox"/> Marysville SD 25 <input checked="" type="checkbox"/> PUD No. 1 (electric) <input checked="" type="checkbox"/> Ziply			<input type="checkbox"/> US Army Corps of Engineers <input checked="" type="checkbox"/> BNSF <input type="checkbox"/> DAHP <input type="checkbox"/> DNR <input type="checkbox"/> DOE (Bellevue) <input type="checkbox"/> DOE (Floodplain) <input type="checkbox"/> DOE (Olympia) <input type="checkbox"/> DOE (Register) <input type="checkbox"/> DOE (Shorelands) <input type="checkbox"/> WDFW <input checked="" type="checkbox"/> WSDOT <input type="checkbox"/> WUTC		<input checked="" type="checkbox"/> Health District <input type="checkbox"/> Planning <input checked="" type="checkbox"/> Public Works - Land Development <input type="checkbox"/> Public Works <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Olympic Pipeline <input type="checkbox"/> Puget Sound Energy <input checked="" type="checkbox"/> Stillaguamish Tribe <input checked="" type="checkbox"/> Tulalip Tribes <input type="checkbox"/> <input type="checkbox"/>	
PROJECT MANAGER									
Name Chris Holland		Title Planning Manager		Phone 360.363.8207		E-mail cholland@marysvilewa.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.

NO COMMENTS **Signature:** _____ **Date:** _____
 ATTACHED **Title:** _____ **Agency:** _____