Traffic Mitigation Offer to Snohomish County

The applicant completes part one and submits it to the city with a completed county traffic worksheet. The city completes part two and sends it to the county. The county completes part three and sends it back to the city.

Part One to be completed by Applicant **Basic Development Information** City of Marysville Name of City in which development is located Name of Proposed Development SAIA Marysville City Project File Number (if known) Name of Applicant Address of Applicant Proportionate Share Calculation: Choose Option A or B X Option A: Based on a percentage of the County's adopted impact fee (Attach traffic worksheet.) 1. The applicable percentage of the County's fee: 20 % Based on CI-MA-2 Subarea 2. Net New Average Daily Traffic: 658.300 ADT 3. The adopted County impact fee for this development: ____157_ \$/ADT 4. Total Proportionate Share Amount: \$ 20,661.20 Option B: Based on a comprehensive traffic study (Attach traffic worksheet and traffic study) No road improvements are impacted. Hence, proportionate share amount is zero. T he following road improvements are impacted. The calculation of proportionate shares is summarized below. List by Names/Description the Impacted County PHTs Capacity **Proportionate Share** County Projects (attach other pages if Obligation per Project Impacting Cost per PHT Impacted Project necessary) ID# Project 1. 2 4. Total Proportionate Share Amount (sum of obligations for each impacted project) Trip Distribution and Assignment if Required If required, attach AM and PM peak-hour trip distribution and assignment. (Attach traffic worksheet showing whether or not it is required and traffic study). |X| Mitigation of Other Impacts if Required for Developments Generating More than 50 Peak-Hour Trips Mitigation of Impacts on Level of Service X No impact or not applicable __ Mitigation as described in attached traffic study. Mitigation of Impacts on Inadequate Road Conditions X No impact or not applicable ____ Mitigation as described in attached traffic study. Mitigation for Impacts on Access or Circulation X No impact or not applicable Mitigation as described in attached traffic study. X Written Offer The Applicant hereby voluntarily agrees to pay the total proportionate share amount shown above for impacts of the proposed development on the capacity of Snohomish County roads and provide mitigation of all other impacts as indicated above and described in attached documents. Date Signature by Authorized Official of Applicant or Authorized Representative Print Name and Title Instructions to Applicant. Submit this offer, a completed county traffic worksheet, and any other attachments to the city with your initial application or send directly to Deb Werdal, Snohomish Co. DPW Traffic, 3000 Rockefeller M/S 607, Everett WA 98201.

Part Two: To be completed by the City	
Receipt of Written Offer and Attachments by City and Routing to County	
Name of Proposed Development	
City Project File Number	
Date Received	
City Staffer Assigned to Project	
Address	
Phone	
Instructions to City. Send this offer and all attachments to Deb Werdal, Snohomish Co. DPW Traffic Operations, 3000 Rockefeller M/S 607, Everett WA 98201. Send copy to staffer shown above. BY:	
Initialed by City Staffer Print Name and Title	
Part Three: To be completed by Snohomish County Receipt of Offer and Attachments by Snohomish County and Routing Back to City Name of Proposed Development City Project File Number	
Received by: Date	
Initialed by County Staffer Print Name and Title	
Snohomish County Mitigation Request to City	
Snohomish County has reviewed the traffic study worksheet and mitigation offer submitted by the applicant and has determined as follows:	
☐ Snohomish County requests that the City impose the mitigation offered above as a condition of approval for the Development. Snohomish County agrees to accept changes in the mitigation payment amount shown above resulting from TDM or lot-yield adjustments approved by the City. ☐ Snohomish County requests that the City require additional supplemental information to adequately evaluate the proposed development's impacts. ☐ The information requested is shown in the notes below.	
BY:	
Date Date	
Signature by Authorized County Staffer Print Name and Title	
Routing Back to City	
Instructions to County Send this offer and all attachments to the City Staffer shown in Part Two above.	
Sent by:	
Date	
Notes	