



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	PA22-035			Date Sent	8.18.2022		Please Return by	9.8.2022		
Project Title	Kendall Subaru Auto Dealership			Related File Number(s)	Pre-Application 22-028					
Project Description	<p>The applicant is seeking approval of a Commercial Site Plan Review with State Environmental Policy Act (SEPA) Review for the construction of a 69,258 sq. ft. auto dealership. The project proposes the new dealership building to include a main showroom, staff offices, along with retail and service counters. An interior mezzanine is also proposed to allow for conference and break rooms. The site would be primarily paved to allow for the parking associated with on-site vehicle sales.</p>									
BACKGROUND SUMMARY										
Applicant	Todd McFarlane, Kendall Development Corp.									
Location	16xxx Smokey Point Blvd			APNs	31052800300600 / 31052800300300 / 31052800301200					
Acreage	11.63 acres (506,590 sq. ft.)			Section	28	Township	31N	Range	05E	
Comprehensive Plan	General Commercial	Zoning	GC	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 checked="" type="checkbox"/> LD (Kacey Simon) <input checked="" type="checkbox"/> LD (S. Whitney) <input checked="" type="checkbox"/> LD (Brad Zahnow) <input 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 type="checkbox"/> Arlington (city) <input type="checkbox"/> Arlington Airport <input checked="" type="checkbox"/> Comcast <input type="checkbox"/> Community Transit <input type="checkbox"/> Everett (city) <input type="checkbox"/> Lake Stevens (city) <input type="checkbox"/> Lake Stevens SD 4 <input 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 type="checkbox"/> BNSF <input checked="" type="checkbox"/> DAHP <input type="checkbox"/> DNR <input checked="" 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 checked="" type="checkbox"/> WDFW <input type="checkbox"/> WSDOT <input type="checkbox"/> WUTC			<input type="checkbox"/> Health District <input type="checkbox"/> Planning <input type="checkbox"/> Public Works - Land Development <input type="checkbox"/> Public Works <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Olympic Pipeline <input checked="" 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 Emily Morgan	Title Senior Planner			Phone 360.363.8216		E-mail emorgan@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:** _____