

REQUEST FOR REVIEW

MARYSVILLE Community Development Department • 80 Columbia Avenue • Marysville, WA 98270 Office Hours: Mon - Fri 7:30 AM - 4:00 PM • Phone: (360) 363-8100

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		PR	OJECT IN					Please			
File Number	PA22041			Date Sen	Date Sent 11.		ו ככומו	Return by		1.29.22	
Project Title	Dell's Nursery Rezone			Related File Number(s)							
Project Description	The applicant is requesting State Environmental Policy Act Review, Critical Areas Confirmation, Site Plan Approval and Concurrent Rezone from Medium Density, Single-family (R-4.5) to General Commercial (GC) in order to construct two single story office/warehouse buildings totaling approximately 30,600 SF.						sity,				
		ВА	CKGROUN	ID SUMMA	ARY						
Applicant	pplicant 104 th Street LLC										
Location	4131 104 th Street NE			APNs	300	051600200100 & 30051600200300					
Acreage (SF)	3.19 acres (138,956 SF)		Section	16	5 T	ownship	30	Range	05		
Comprehensive Plan	Single Family Zoning R-4.5 Medium			Shoreline	Shoreline Environment				N/A		
	REVIEWING AGENCIES										
Marysville	Local Ager Distric		State 8	k Federal			County		Ot	her	
Building Parks Police PW - Development Services PW - Engineering PW - Operations PW - Solid Waste PW - Streets PW - Traffic Eng. PW - Water Res.	Arlington (city) Comcast Community Transit Everett (city) Lake Stevens (city) Lake Stevens SD 4 Lakewood SD 306 Marysville Fire District Marysville SD 25 PUD No. 1 (electric)		Engine BNSF DAHP DOR DOE (B DOE (F DOE (S WDFW WSDOT WUTC	Engineers BNSF DAHP DNR DOE (Bellevue) DOE (Floodplain) DOE (Register) DOE (Shorelands) WDFW WSDOT		 ☑ Health District ☑ Planning ☑ Public Works - Land Development ☑ 			Olympic Pipeline Puget Sound Energy Stillaguamish Tribe Tulalip Tribes		
Name Chris Holland Title Planning Manager Phone 360.363.8207 E-mail cholland@marysvillewa.gov											
The City of Marysville affected agencies, dep City's evaluation of thi response with your na	artments, con s application.	nmunity g Furtherm	roups and nore, you w	municipalit vill become	ties t e a Pa	o resp arty o	pond. You of Record to	r commo this c	nents wil ase if yo	I assist the ou submit a	

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.
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NO COMMENTS	Signature:	Date:
ATTACHED	Title:	Agency: