

### 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

<b>Basic Development Information</b>				
Name of City in which development is located	Marysville			
Name of Proposed Development	Smokey Point 4			
County Project File Number (if known)				
Name of Applicant	Richard Peterson			
Address of Applicant	170 112th Ave. NE, Ste 203 Bellevue, WA 98005			
<b>Proportionate Share Calculation: Choose Option A or B</b>				
<input type="checkbox"/> 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: _____ %				
2. Net New Average Daily Traffic: _____ ADT				
3. The adopted County impact fee for this development: _____ \$/ADT				
4. Total Proportionate Share Amount: \$ _____				
<input checked="" type="checkbox"/> 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 (\$0).				
_____ The following road improvements are impacted. The calculation of proportionate shares is summarized below.				
List by Names/Description the Impacted County Projects (attach other pages if necessary)	County Project ID#	PHTs Impacting Project	Capacity Cost per PHT	Proportionate Share Obligation per Impacted Project
1.				
2.	NONE			
3.				
4. Total Proportionate Share Amount (sum of obligations for each impacted project)				\$ 0.00
<input checked="" type="checkbox"/> 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 AM and PM peak-hour trip distribution is required and include a traffic study.				
<input checked="" type="checkbox"/> Mitigation of Other Impacts if required				
Mitigation of Impacts on Level of Service				
<input checked="" type="checkbox"/> No impact or not applicable      _____ Mitigation as described in attached traffic study.				
Mitigation of Impacts on Inadequate Road Conditions				
<input checked="" type="checkbox"/> No impact or not applicable      _____ Mitigation as described in attached traffic study.				
Mitigation for Impacts on Access or Circulation				
<input checked="" type="checkbox"/> No impact or not applicable      _____ Mitigation as described in attached traffic study.				
<input checked="" type="checkbox"/> 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.				
BY: <u>hace ash</u> /agent		Date: <u>7/12/23</u>		
Signature by Authorized Official of Applicant or Authorized Representative				
Print Name and Title _____				
<b>Instructions to Applicant.</b> Submit this Offer, a completed county traffic worksheet, and any other attachments to the City with your initial application.				

**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 [Contact.pwCMS@snoco.org](mailto:Contact.pwCMS@snoco.org)

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initialed by City Staffer \_\_\_\_\_ Print Name and Title \_\_\_\_\_

**Part Three: To be completed by City**

**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 \_\_\_\_\_

**City Mitigation Request to County**

The City of \_\_\_\_\_ has reviewed the traffic study worksheet and mitigation offer submitted by the applicant and has determined as follows:

<input type="checkbox"/> The City requests that the County impose the mitigation offered above as a condition of approval for the Development. The City agrees to accept changes in the mitigation payment amount shown above resulting from TDM or lot-yield adjustments approved by the County.	<input type="checkbox"/> The City requests that the County require additional supplemental information to adequately evaluate the proposed development's impacts.
<input type="checkbox"/> The information requested is shown in the notes below.	

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature by Authorized City 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: \_\_\_\_\_  
Initialed by City Staffer \_\_\_\_\_ Print Name and Title \_\_\_\_\_

**Notes**

\_\_\_\_\_