

## **REQUEST FOR REVIEW**

MARYSVILLE Community Development Department • 501 Delta Avenue • Marysville, WA 98270 Office Hours: Mon - Fri 8:00 AM - 4:30 PM • Phone: (360) 363-8000

PROJECT INFORMATION											
File Number	PA23-027		Date Sent		17/////// 1		Please	1 17/7//7073			
Project Title	Margaret Estate Apartments		Related File Number(s)		PreA22-037						
Project Description	Proposed 58-unit multi-family development and associated improvements.										
BACKGROUND SUMMARY											
Applicant	William Kang/Benny Kim										
Location	9706 55 <sup>th</sup> Avenue NE	APNs	300	051500301800							
Acreage	4.99 acres (217,634	SF)	Section	1!	5 <b>Township</b>		30	R	ange	05	
Comprehensive Plan	Multifamily Low Zoning	R-12	Shoreline	Env	/iro	ronment N/A					
REVIEWING AGENCIES											
Marysville	Local Agencies & Districts	State 8	Federal			County	Other				
Building Parks Police PW - Development Services PW - Engineering PW - Operations PW - Solid Waste PW - Streets PW - Traffic Eng. PW - Water Res. PW - WWTP	☐ Arlington (city) ☐ Comcast ☐ Community Transit ☐ Everett (city) ☐ Lake Stevens (city) ☐ Lake Stevens SD 4 ☐ Lakewood SD 306 ☐ DOE (R		sellevue) loodplain) segister) shorelands)	Plannii Public Land D  Illevue) odoplain) gister)			_	Pi P Ei S Ti	Olympic ipeline Puget Sound nergy Stillaguamish ribe Fulalip Tribes		
PROJECT MANAGER											
Name Amy Hess Title Senior Planner Phone 360.363.8215 E-mail ahess@marysvillewa.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:					