

CRITICAL AREAS REVIEW APPLICATION

Community Development Department • 80 Columbia Avenue • Marysville, WA 98270 (360) 363-8100 • (360) 651-5099 FAX • Office Hours: Monday - Friday 7:30 AM - 4:00 PM

FOR AGENCY USE	Date:			File:			Fee: \$		
		OWNER		APP	LICANT		C	CONTACT	
Name									
Mailing Address									
City, State, ZIP									
Phone (home/office)									
Phone (cell)									
E-mail									
	<u>'</u>	PR	OPERT	Y INFORMAT	ΓΙΟΝ				
Site Address				APN (s)		0010020 0010040	0, 29050200 0)100300,	
Legal Description (abbreviated)				Section		Towns hip		Range	
Comprehensive Plan		Zoning		Shoreline En	vironme	nt			
Types of Critical Areas on Property† Select all that apply.	☐ Geologid	cally Hazardo	us Area [,]	Stream	•		bitat area)	□Stream I	Buffer**
† As defined in MMC Cho or a steep slope, a geote buffer, st	chnical repo	rt may be req	uired w	-	ation. **	If the prop	perty include:	s a wetland	
I am the owner, or I am au employees, agents of the G inspection. I understand t application process, and the been made on the formal	City and/or o hat this appl hat I will be s	other agency lication does subject to the	officials not vest	to enter the su t to existing cod	ıbject pro les as a r	perty, if nesult of the	ecessary, for e Critical Are	the purpos as Review	se of site
Owner/Owner's Agent						Date			

Apı	plication to include:
	2 copies of wetland report w/ attachments (See
	"Wetland Delineation Standards Checklist" for
	report requirements)
	Vicinity map
П	Review fee: \$

Property Size (acres)	Fee
Under 0.50	\$250.00
0.51-2	\$500.00 + peer review costs, if applicable
2.01-10	\$1,500.00 + peer review costs, if applicable
10.01-20	\$2,500.00 + peer review costs, if applicable
20.01-50	\$3,500.00 + peer review costs, if applicable
50 +	\$5,000.00 + peer review costs, if applicable