

LAND USE APPLICATION



CRITICAL AREA EVALUATION COMMUNITY & ECONOMIC DEVELOPMENT

18204 59th Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

SITE INFORMATION			
Project Name	Smokey Point Development		
Site Address <small>(Use block # if no bldg. #)</small>	16523/16517 SMOKEY PT BLVD	Tax Parcel ID Number(s)	31052800201100
	Arlington, WA 98223		31052800204400
Acreage & Square Footage of Property	2.06 acres	Zoning Classification	COMMERCIAL CORRIDOR
	89,845 sq ft	Use Classification No.	1.340
	OWNER	APPLICANT	CONTACT
Name	Grandview North LLC.	Grandview North LLC.	Cascade Surveying & Eng.
Full Address	P.O. Box 159	P.O. Box 159	P.O. Box 326
	Arlington, WA 98223	Arlington, WA 98223	Arlington, WA 98223
Phone Number	360 435 7171	360 435 7171	360 435 5551
E-mail	gv@grandviewinc.net	gv@grandviewinc.net	Randy@cascadesurveying.com
Relationship of Applicant to Property (check one)	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Lessee
			<input type="checkbox"/> Other: _____
CRITICAL AREAS			
Are you aware of any environmental documentation that has been prepared related to critical areas that includes the subject area?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any surface waters (including year-round and seasonal streams, saltwater, lakes, ponds, bogs, swamps, marshes)?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there vegetation that is associated with wetlands on the property?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have any wetlands been identified on the property?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any known areas where the ground is consistently inundated or saturated with water?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any State or Federally listed sensitive, endangered, or threatened species or habitats known on the property?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there slopes of 15% or greater on the property?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any landslide hazard areas?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the property located within a Flood Plain or Flood Way?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS THEN A CRITICAL AREA STUDY IS REQUIRED			
I grant permission to the City of Arlington to enter the property to determine the presence or absence of critical areas.			
I understand that if the information on this form is later determined to be incorrect, the project or activity may be subject to conditions or denial as necessary to meet the requirements of AMC 20.93, Arlington Critical Areas Ordinance.			
Applicant's Signature: _____			Date: _____