



COMMUNITY DEVELOPMENT

806 West Main Street, Monroe, WA 98272
Phone (360) 794-7400 Fax (360) 794-4007
www.monroewa.gov

FOR OFFICE USE ONLY	
PERMIT #(s)	<u>SLDP-2018-03 (5380)</u>
	<u>SLVR-2018-01 (5381)</u>
	<u>SEPA-2018-11 (5382)</u>

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COMMUNITY DEVELOPMENT

COMBINED PERMIT APPLICATION PERMIT SUBMITTAL HOURS MONDAY - FRIDAY 8:00 - 12:00 / 1:00 - 5:00

Building	Operations	Fire	Land Use
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Conditional/Special Use
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Land Clearing/Forest Practices
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Rockery	<input type="checkbox"/> Operational	<input type="checkbox"/> Planned Residential Development
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Spray Booth	<input checked="" type="checkbox"/> Shoreline Permit (Variance & Dev. Permit)
<input type="checkbox"/> Racking	<input type="checkbox"/> Special Flood Hazard Area	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Residential Remodel	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	<input type="checkbox"/> Subdivision/Plat
<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____		<input type="checkbox"/> Variance
<input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> Other <u>SEPA</u>

NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: 147 S. ANN STREET
Size of site (acre/square feet): APPROX 9.8 AC
Assessor's Tax Parcel Number (14 digits): SEE CIVIL

Applicant: RIVER'S EDGE WA LLP Phone # (206) 351-9941
*Signature: [Signature] Printed Name: REBECCA RALSTON
Mailing Address: 409 5th AVE #2401 Fax # () _____
City SEASIDE State WA Zip 98101 E-mail REBECCA.RALSTON@OUTLOOK.COM

Property Owner: Laurey Wibbelman Phone # (925) 308-9408
**Signature: [Signature] Printed Name: Laurey Wibbelman
Mailing Address: 147 So Ann St. Fax # () N/A
City Monroe State WA Zip 98272 E-mail WibbelmanLaurey@gmail.com

Attach a separate sheet for additional property owners/additional addresses
*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.
**Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

**City of Monroe
Land Use Permit Application- Page 2**



Give a detailed description below of the proposal / work. Provide details specific to your application e.g., current and proposed lot sizes, number of lots, description of driveway, description of proposed business including hours of operation, number of employees, existing and proposed parking spaces.

Forest Tax Reporting Account Number (if harvesting timber call the Department of Revenue at (800) 548-8829 for tax reporting information or to receive a tax number):

Detailed Description of work:

A PROPOSED 1166-UNIT MULTI-FAMILY DEVELOPMENT. INCOME RESTRICTED FOR HOMEHOLDERS EARNING NO MORE THAN 60% AMI FOR SNOHOMISH COUNTY. CONSTRUCTION IS ANTICIPATED TO BEGIN ON OR AROUND MARCH/APRIL 2019.

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Planning Application Fee: <u>16500 X 2</u>	Publication Fee: _____
Fire Plan Check Fee: _____	Mailing Fee: _____
SEPA Fee: _____	Technology Fee: _____
TOTAL FEES: _____	