



501 Delta Avenue ♦ Marysville, WA 98270  
 Office Hours: Mon - Fri 8:00 AM - 4:30 PM  
 (360) 363-8000

## PRE-APPLICATION REQUEST FORM

SITE INFORMATION						
Site Address				APN(s)		
Legal Description (abbreviated)				Section		Township
Comprehensive Plan Designation		Zoning		Approximate Acreage		
	OWNER		APPLICANT		CONTACT	
Name						
Address						
City, State, ZIP						
Phone (home/office)						
Phone (cell)						
E-mail						
PROJECT INFORMATION						
Type of Application	<input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Other					
Detailed Description of Proposal						

*I certify that I am the owner or owners authorized agent if acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing this pre-application request.*

*I grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspection.*

*I acknowledge that the focus of the meeting is general in nature, for informational purposes only, and shall not be interpreted as a binding commitment by the City of Marysville or the applicant. I further acknowledge that this application does not vest to existing codes as a result of the pre-application process, and that I will be subject to the existing codes in effect at the time a 'Determination of Completeness' has been made on my formal application.*

\_\_\_\_\_  
 Owner/Owner's Authorized Agent

\_\_\_\_\_  
 Date