



TOYER STRATEGIC CONSULTING

PRELIMINARY INDUSTRIAL SITE ASSESSMENT

Assessment Date(s):		Jurisdiction(s):		Site Address:				
				Parcel No(s):				
Land Price:		Terms:		Sellers:				
Site visit conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___		Met with City Date: ___/___/___ Pre-Sub Meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Key Contacts Information City Economic Developer: _____ City Planning Director: _____ Public Works Director: _____ City Engineer: _____ Building Official: _____ City Manager/Administrator: _____				
Current Zoning:		Outside Storage Allowed?	<input type="checkbox"/> Yes	Minimum Lot Size (sf)		Design Review Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Applicable Subarea Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Approved Planned Action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rear Setback (ft)		Max Building Height (ft)		Side Setback (ft)		Allowed Uses:	Conditional or Special Use?	
						Adv. Manufacturing <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Warehousing <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Food Processing <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Chemical Plant <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Technology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum Lot Coverage (%)		Minimum Lot Width (ft)		Front /ROW Setback (ft)		Subject to Subarea Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Prior Planned Action Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum Building Coverage (%)		Max Impervious Surface (%)		Corner Lot Setback (ft)		SEPA Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Buffers/Setbacks from Adjacent Uses? Residential <input type="checkbox"/> Buffer <input type="checkbox"/> Setback _____ feet Commercial <input type="checkbox"/> Buffer <input type="checkbox"/> Setback _____ feet		Perimeter Landscaping Arterial: _____ Non-Arterial: _____ Other: _____		Frontage Improvements: <input type="checkbox"/> Yes <input type="checkbox"/> No Specs (Width, C/G/S): _____ Internal road widths: _____		Parking Ratios: Industrial _____ Office: _____ Warehouse/Dist: _____ Other: _____		Parking Stall Size: _____ Compacts? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Prior Entitlements Obtained:			
Describe Surrounding Land Uses:			
Geotech Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____	Soil Conditions:	Aquifer Recharge Area? Wellhead Protection Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Phase I Environment Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Phase I: ___/___/___ Date of Phase II: ___/___/___ Consultant: _____	Phase II Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wetland Delineation Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____ Date of Delineation: ___/___/___
Traffic Mitigation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Current Rate: \$ _____ per <input type="checkbox"/> PM Peak <input type="checkbox"/> Other _____ Vesting? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	Known wetlands or critical areas: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
	Flood Plain? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Flood Plain (if applicable):	Describe Other Known Site Hazards/Conditions:	
Wetland Rating System: <input type="checkbox"/> 2014 <input type="checkbox"/> Other _____	Winter Weather Study Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Stormwater Manual: <input type="checkbox"/> 2012 <input type="checkbox"/> 2005 <input type="checkbox"/> Other _____	Wildlife Seen at Site Visit (if any):
Local Wetland Approval Process: <input type="checkbox"/> Admin <input type="checkbox"/> HE <input type="checkbox"/> Council <input type="checkbox"/> Other _____	Tree Survey Required? <input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Steep Slopes Arborist: <input type="checkbox"/> Staff <input type="checkbox"/> Contracted <input type="checkbox"/> Developer Hires	Highest Elevation: _____ Lowest Elevation: _____	Topography <input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Steep Slopes Steepest Slope (Estimate): _____

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<p><u>AVERAGE Approval Times</u></p> <p>Site Plan: _____</p> <p>Grading: _____</p> <p>Civil: _____</p> <p>Building: _____</p> <p>Wetland Permit: _____</p> <p>Other: _____</p>	<p>Allows concurrent site plan and civil permit review? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Conditions/requirements for concurrent review:</p> <p>Allows building permit approval prior to civil approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Conditions/requirements for early building permit issuance:</p>	<p>Conditions/requirements for early grading permit:</p> <p>Known/Required Bonds:</p>
<p>Hearing examiner (if applicable): _____</p>	<p>Any <i>known</i> neighborhood, HOA or environment groups active near proposed development site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe:</p>	
<p>City Council:</p> <p>Mayor:</p>	<p>Any recent land use decisions that would cause concern about this jurisdictions support for development? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe:</p>	
<p>Proximity to Rail, Transload or Port Facilities:</p>		<p>Describe Available Incentive Programs, Conditions, and Qualifications:</p>
<p>Nearest Interstate or Four-lane Highway</p>		

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Water Provider:	Current Capacity Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Facility Charge (GFC):	Existing Latecomers: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
	Potential for Future Capacity Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tap or Install Fee(s):	Front Foot Cost Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Sewer Provider:	Current Capacity Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	General Facility Charge (GFC):	Existing Latecomers: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
	Potential for Future Capacity Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Sewer Fee:	Front Foot Cost Reimbursement: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Water (Cost per 1000 gals):		Description of current or future water or sewer capacity issues:		
Sewer (Cost per 1000 gals):				
Sewer Charges (Cost/Measure) CBOD: BOD: Nitrogen: Other:		Any Air Attainment Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:		
Electric Provider:	Engineering/Design Contact:	Electric Facility or Connection Charge:	Lead Times for Eng/Design:	Lead Times for Materials:
Undergrounding Electrical Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Electrical Service Concerns (single phase, power supply, etc.):		
Known Electrical Engineering or Design Concerns?				

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Natural Gas Provider:		Current Capacity Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Capacity Concern:
Engineering/Design Contact:		Potential for Future Capacity Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Known Engineering or Design Concerns?			
Telecom/Fiber/Internet:		Additional Utility Notes/Comments:	
Other Utility Provider:			
Are any utility easements required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Required Utility Easements:	

I have completed the preceding site assessment for _____ and the information herein is an accurate representation of the conditions, requirements and information available as of the ___ day of _____, 2019.

DAVID K. TOYER, OWNER

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