

## Master Land Use Application

**Staff Use Only:**

Project Name:

Master Project #:

Sub-Projects #:

Pre-Application #/Date:

**Check all specific Land Use Actions you are applying for in the boxes provided:**

Please note that you do not need to duplicate any of the information requested from the land use action submittal checklists below if you have already provided it in this application.

<input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Code Interpretation <input type="checkbox"/> *Comprehensive Plan Amendment <input type="checkbox"/> *Conditional Use – Minor <input type="checkbox"/> *Conditional Use – Major <input type="checkbox"/> *Development Agreement <input type="checkbox"/> *Development Regulations Amendment <input type="checkbox"/> Lot Line Adjustment <input type="checkbox"/> *Planned Unit Development <input checked="" type="checkbox"/> *Preliminary Site Plan Review <input type="checkbox"/> Public Utility Exception	<input type="checkbox"/> Reasonable Use Exception <input type="checkbox"/> Request for Zoning Compliance Letter <input type="checkbox"/> SEPA <input type="checkbox"/> Separate Lot Status Determination <input type="checkbox"/> Shoreline Exemption <input type="checkbox"/> *Shoreline Substantial Development <input checked="" type="checkbox"/> *Short Plat – Preliminary <input type="checkbox"/> *Short Plat – Final <input checked="" type="checkbox"/> *Subdivision – Preliminary <input type="checkbox"/> *Subdivision – Final	<input type="checkbox"/> Sign Special Event or Grand Opening <input type="checkbox"/> Sign Variance <input type="checkbox"/> Special Home Occupation (SHOP) <input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> *Variance <input type="checkbox"/> Wireless Communication Facility (WCF) <input type="checkbox"/> Zoning Compliance Letter <input type="checkbox"/> *Zone Reclassification (Rezone) <p><b>Preliminary Short Plat only; DJH 01/28/2022</b></p>
--	--	--

This Master Land Use Application and specific Land Use Action(s) (see submittal checklists above) must be completed with all required supplemental documents provided prior to submitting for an application to be considered complete and accepted through the Permit Center. Please note that any land use action above marked with an asterisk (\*) will require an intake appointment when ready to submit. Please see the [Land Use Application Intake Appointment FAQ's](#) page for more information.

Failure to submit all requested items (in legible form) may delay processing of your application. Additional information may be required after review of your proposal.

In an effort to reduce paper and transition to digital review, electronic plan submittal is preferred via files on a USB/Thumb drive instead of hard copies.

**Application Requirements:**

- ☐ Master Land Use Application completed;
- ☐ Specific Land Use Action submittal checklist completed (please see the [Permits & Land Use Applications Page](#));
- ☐ Multimodal Transportation Concurrency Application completed (click [here](#) to view);
- ☐ Payment of applicable fees via Cash, Check or Card (Visa + MasterCard limit of \$2,500).
- ☐ Schedule intake appointment (if applicable).

**SITE/PROPERTY INFORMATION**Site Address: 2630 S 146th St Sea Tac WA 98168Parcel #: 212304 9095

Property's Existing Zoning:

☒ UL ☐ UM ☐ UH ☐ UH-UCR ☐ T ☐ MHP ☐ NB ☐ O/C/MU ☐ O/CM ☐ ABC ☐ CB ☐ CB-C ☐ BP ☐ I

☐ P ☐ AVC ☐ AVO

**APPLICANT/OWNER INFORMATION**

Applicant's Information:

Name: Kenneth Cage☒ Owner ☐ Authorized Agent ☐ PurchaserMailing Address: 755 Oakhurst Dr Pacific WA 98047Phone: 206 272 0865Email: Kenneth@CageConstructionLLC.com

Property Owners Information:

*(If an LLC, please provide documentation  
of being an authorized signer)*Name: LL

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Designated Contact Person:

*(Who will receive and disseminate all  
correspondence from the City)*

Same as:

☐ Applicant ☐ Property Owner ☐ OtherName: LL

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*(Contact 1)*

## PROFESSIONAL CONTACT INFORMATION

Architect:

Name: Pete Blakely  
Mailing Address: PO Box 354 Maple Valley WA 98038  
Phone: 425-691-0443  
Email: Pete.pbstructures@gmail.com

Engineer:

Name: Marc Pudists [momentum civil]  
Mailing Address: 1145 Broadway, Suite 115 Tacoma WA 98402  
Phone: 253-319-1505  
Email: marcP@momentumcivil.com

Surveyor:

Name: Evan Wahlstrom [Enformed land survey]  
Mailing Address: PO BOX 5137 Tacoma WA 98415  
Phone: 253-627-2070  
Email: ewahlstrom@i-landsurvey.com

Designer/Landscape Architect/etc.:

Name: N/A  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## ACKNOWLEDGEMENTS

1. *By signing this application, I authorize employees/agents of the City of SeaTac to enter onto the property that is the subject of this application during regular business hours. The sole purpose of entry is to make an examination of the property that is necessary to process this application.*
2. *I certify that I am the owner of this property or the owner's authorized agent. If acting as an authorized agent, I further certify that I have full power and authority to file this application and to perform, on behalf of the owner, all acts required to enable the jurisdiction to process and review such application. I will comply with all provisions of the law and ordinance governing this type of application. If the scope of work requires a licensed contractor to perform the work, the information will be provided prior to permit issuance.*
3. *I CERTIFY THAT THE INFORMATION FURNISHED BY ME AS PART OF THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

I am the: ☒ Owner ☐ Authorized Agent

Applicant Signature: Kenneth Cage

Date: 1/18/22

Printed Name: Kenneth Cage