



Community and Economic Development

Master Land Use Application

Staff Use Only:

Project Name:

Maywood Elementary

Master Project #:

PRJ 20-0048

Sub-Projects #:

RE 221-0001

SEP 21-0005

SUB 21-0003

Pre-Application #/Date:

PHC 20-0022

12-1-20

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 checked="" 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 checked="" type="checkbox"/> SEPA <input type="checkbox"/> Separate Lot Status Determination <input type="checkbox"/> Shoreline Exemption <input type="checkbox"/> *Shoreline Substantial Development <input type="checkbox"/> *Short Plat – Preliminary <input type="checkbox"/> *Short Plat – Final <input 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 checked="" type="checkbox"/> *Zone Reclassification (Rezone)
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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 INFORMATIONSite Address: 1410 S 200th StParcel #: See bottom of page

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: Kyle Siekawitch☐ Owner ☐ Authorized Agent ☒ PurchaserMailing Address: 10655 NE 4th Street, Suite 500, Bellevue 98004Phone: (425) 749-4325Email: ksiekawitch@bridgedev.com

Property Owners Information:

*(If an LLC, please provide documentation
of being an authorized signer)*Name: Various, see attached property owner list and authorizations.

Mailing Address: _____

Phone: _____

Email: _____

Designated Contact Person:

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

Same as:

☐ Applicant ☐ Property Owner ☒ Other (Agent)Name: Lisa Klein, AICP AHBL, Inc.Mailing Address: 2422 N 30th St, Suite 300, Tacoma WA 98403Phone: (253)-651-7907Email: lklein@ahbl.com*(Contact 1)*

Parcels: 7686200920, 3917400030, 3917400040, 7686200690, 7686200740, 7686200755, 7686200800, 7686200815, 7686200890, 7686200960, 7686200860, 7686200870, 7686200250, 7686200680, 7686200700, 7686200880, 7686202000, 7686200295, 0522049023, 7686200360, 7686200400, 7686200360, 0522049023, 7686200245, and 7686200420.

PROFESSIONAL CONTACT INFORMATION

Architect: Nelson

Name: Errol RamirezMailing Address: 1200 Fifth Avenue, Suite 1300, Seattle, WA 98101Phone: 206 408 8500Email: ERamirez@nelsonww.com

Engineer: AHBL

Name: Bart BrynestadMailing Address: 2422 N 30th St, Suite 300, 98403Phone: 253-383-2422Email: BBrynestad@ahbl.com

Surveyor: AHBL

Name: David FollansbeeMailing Address: 2422 N 30th St, Suite 300, 98403Phone: 253-383-2422Email: DFollansbee@ahbl.comDesigner/Landscape Architect/etc.:
Landscape ArchitectName: Craig Skipton, RLA, with AHBL, IncMailing Address: 1200 6th Avenue, Suite 1620, Seattle 98101-3117Phone: (206) 267-2425Email: cskipton@ahbl.com

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: _____



Date: 3/1/21

Printed Name: Kyle Siekawitch