



Community and Economic Development

Master Land Use Application

Staff Use Only:

Project Name:

Master Project #: **PRJ21-0040** Sub-Projects #: **SVB22-0014** Pre-Application #/Date:

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

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

This Master Land Use Application **and** specific Land Use Action(s) Checklist must be completed, with all required supplemental documents provided for an application to be considered complete and accepted through the Permit Center.

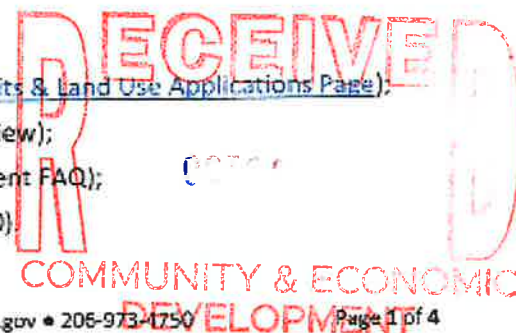
Failure to submit all requested items (in legible form) may delay processing of your application. Additional information may be required after review of your proposal.

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.

Please note that any land use action above marked with an asterisk (*) will require a pre-application meeting prior to an intake appointment when ready to submit. Please see the "Application Requirements" section below for more information.

Application Requirements:

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



SITE/PROPERTY INFORMATION

Site Address: 19707 40th PL, SeaTac, WA 98188

Parcel #: 0240000065

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 ☐ AVD

APPLICANT/OWNER INFORMATION

Applicant's Information:

Name: Ross Woods, Development Planning & Strategies LLC

☐ Owner ☒ Authorized Agent ☐ Purchaser

Mailing Address: 13700 NE 136th PL, Kirkland, WA 98034-5535

Phone: 206-949-2105

Email: Ross@Dev-Strat.com

Property Owners Information:

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

Name: Front Porch Holdings LLC

Mailing Address: 325 Washington Ave S., Suite 5, Kent, WA 98032-5767

Phone: (253) 395-7370

Email: Mike@shamrockln.com

Designated Contact Person:

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

Same as:

☒ Applicant ☐ Property Owner ☐ Other

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

(Contact 1)

PROFESSIONAL CONTACT INFORMATION

Architect:

Name: NONE

Mailing Address: _____

Phone: _____

Email: _____

Engineer:

Name: AP Consulting Engineers PLLC

Mailing Address: PO Box 162, Auburn, WA 98071

Phone: (253) 347-0887

Email: APCE@APConsultingEngineers.com

Surveyor:

Name: 4 Site Surveying, LLC

Mailing Address: 4227 S. Meridian, STE. C-445, Puyallup, WA 98373

Phone: (425) 235-8440

Email: dan@4sitesurveying.com

Designer/Landscape Architect/etc.:

Name: None

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: Ross W. Woods

Date: 10/19/22

Printed Name: Ross Woods