

## 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 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"/> 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 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"/> *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.

Additionally, 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.

**Application Requirements:**

- Master Land Use Application completed;
- Specific Land Use Action submittal checklist completed (if available);
- 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: 2627 S. 144<sup>th</sup> ST, Seatac

Parcel #: 212304-9222

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: Hans Koruc  
 Owner  Authorized Agent  Purchaser  
Mailing Address: 726 Auburn way N. 98002  
Phone: 253 333 2200  
Email: hans@dup-inc.us

Property Owners Information:

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

Name: Matt Grimm  
Mailing Address: 21501 Connells Prairie Rd Buckley 98222  
Phone: 206-931-7274  
Email: gem.construction@comcast.net

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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer:

Name: Alex Poblete  
Mailing Address: 726 Auburn way N, Auburn 98002  
Phone: 253 333 2200  
Email: alex@dnp-inc.us

Surveyor:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

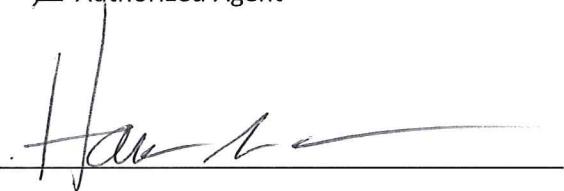
Designer/Landscape Architect/etc.:

Name: \_\_\_\_\_  
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: 

Date: 12/15/20

Printed Name: Hans A. Korne