

Master Land Use Application

Staff Use Only: Candlewood Suites

Project Name: Candlewood Suites

Master Project #: CUP22-0001 Sub-Projects #: SEP22-0004 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"/> Code Interpretation <input type="checkbox"/> *Comprehensive Plan Amendment <input type="checkbox"/> *Conditional Use – Minor <input checked="" 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"/> 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 type="checkbox"/> *Zone Reclassification (Rezone)
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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: 14831 Military Rd S, Seatac, WA 98168

Parcel #: 004100-0030

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: IHB Architects

- Owner Authorized Agent Purchaser

Mailing Address: 21620 84th Ave S.; Suite 200, Kent, WA 98032

Phone: 253-236-5154

Email: david@ihbarchitects.com

Property Owners Information:

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

Name: DAMAC LLC

Mailing Address: 26220 116TH Ave SE, Kent, WA 98030

Phone: 206-841-3355

Email: parasmalik@outlook.com

Designated Contact Person:

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

Same as:

- Applicant Property Owner Other

Name: IHB Architects

Mailing Address: 21620 84th Ave S.; Suite 200, Kent, WA 98032

Phone: 253-236-5154

Email: david@ihbarchitects.com

(Contact 1)

PROFESSIONAL CONTACT INFORMATION

Architect:

Name: IHB Architects

Mailing Address: 21620 84th Ave S.; Suite 200, Kent, WA 98032

Phone: 253-236-5154

Email: imad@ihbarchitects.com

Engineer:

Name: Furr Eningeering Services, PLLC

Mailing Address: 4715 142nd Place SW, Edmonds, WA 98026

Phone: 206-890-8291

Email: furrengineering@gmail.com

Surveyor:

Name: HOLMVIG, DEWITT, GALLION & ASSOC., LLC.

Mailing Address: 139 N. PIONEER ST. BUCKLEY, WA 98321

Phone: 360-825-6963

Email: phil@hdgallion.com

Designer/Landscape Architect/etc.:

Name: Main Street Designs

Mailing Address: 9402 TIDAL COURT, BAINBRIDGE, WA 98110

Phone: 206-842-7886

Email: main_street@earthlink.net

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: April 15, 2022

Printed Name: David L. White