



**City of Seattle**  
Department of Construction and Inspections  
700 Fifth Avenue, Suite 2000  
P.O. Box 34019  
Seattle, WA 98124-4019  
(206) 684-8850

SDCI Project Number

6807746-CN

## Statement of Financial Responsibility/ Agent Authorization

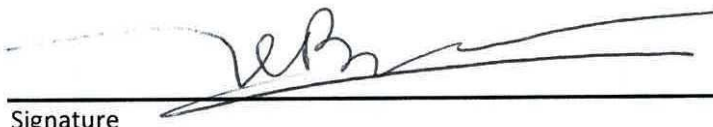
Project Address	1318 AND 1320 ALKI AVE SW
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### NAME AND ADDRESS OF FINANCIALLY RESPONSIBLE PARTY (Required)

A. Name of Individual or Entity ( <i>Company, Partnership, etc.</i> ) Assuming Financial Responsibility	LEBACH ALKI LLC
B. Name of Individual Signing on Behalf of an Entity ( <i>Company, Partnership, etc.</i> )	BECKY DUONG B LE
C. Financially Responsible Party Relationship to Property	<input checked="" type="checkbox"/> Property Owner <input type="checkbox"/> Property Lessee <input type="checkbox"/> Property Contract Purchaser  <input type="checkbox"/> Public Agency <input type="checkbox"/> Service Requestor (check only if request does not directly relate to the development of real property i.e. request for interpretation, legal building site letter)
D. Mailing Address ( <i>of individual signing statement</i> )	7915 125TH CT SE, NEWCASTLE, WA 98056
E. Telephone ( <i>of individual signing statement</i> )	425-499-5463
F. Email ( <i>of individual signing statement</i> )	BECKY@JABOODA.COM

### Individual Declaration of Financial Responsibility (*must match the individual's name listed in "A" above*)

I, BECKY DUONG B LE (printed name) declare that I am the  
OWNER (relationship to project or service request) and that I am responsible  
for payment of all fees associated with this project or other request to SDCI requiring payment of fees, including all hourly  
or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the  
application is canceled or denied before the permit is issued.

  
Signature

12/01/2023

Date

**Entity Declaration of Financial Responsibility** (must match the individual name in "B" above and have authority to bind entity named in "A" above)

I BECKY DUONG B LE (printed name) declare that in my capacity as  
MANAGER (position within entity - ie manager,  
CFO, etc) for LEBACH ALKI LLC (financially responsible entity  
named in "A" above) I have the authority to bind the Financially Responsible party named above to payment of all  
fees associated with this project or other request to SDCI requiring payment of fees, including all hourly or other  
fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the  
application is canceled or denied before the permit is issued.

Signature

Date

12/01/2023

**AGENT AUTHORIZATION (Optional):**

I hereby authorize the individual named below to act as the primary contact (aka primary applicant) for this project.  
This individual is not responsible for the payment of fees.

Primary Applicant Name: N5 ARCHITECTURE, SETH HALE

Primary Applicant Phone: 206-300-5339

Primary Applicant Email: SETH@N5ARCHITECTURE.COM

Primary Applicant Address: 2562 DEXTER AVE N, SEATTLE, WA 98109