



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

#006088-21PA

Statement of Financial Responsibility/ Agent Authorization

Project Address	4236 Brooklyn Avenue NE, Seattle, WA 98105
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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	UDPA 4236 LLC
B. Name of Individual Signing on Behalf of an Entity (<i>Company, Partnership, etc.</i>)	Don Schulze
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>)	4710 University Way Suite #110, Seattle, WA 98105
E. Telephone (<i>of individual signing statement</i>)	206-527-7006
F. Email (<i>of individual signing statement</i>)	darinw@udpa.org

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

I _____ (printed name) declare that I am the _____ (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

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, Don Schulze (printed name) declare that in my capacity as authorized signatory (position within entity - ie manager, CFO, etc) for UDPA 4295 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.

Don Schulze Signature 10/25/2019 Date

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: Jodi Patterson-O'Hare
Primary Applicant Phone: 425-681-4718
Primary Applicant Email: jodi@permitcnw.com
Primary Applicant Address: 17479 7th Ave SW Normandy Park, WA 98166