

**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

6722057-CN/6865406-PH

Statement of Financial Responsibility/ Agent Authorization

Project Address	4131 & 4135 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	Balfour Beatty Campus Solutions
B. Name of Individual Signing on Behalf of an Entity (<i>Company, Partnership, etc.</i>)	Robert Shepko
C. Financially Responsible Party Relationship to Property	<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Lessee <input checked="" 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>)	1 Country View Road Malvern, PA 19355
E. Telephone (<i>of individual signing statement</i>)	301-639-2815
F. Email (<i>of individual signing statement</i>)	rshepko@bbcgrp.com

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

I, Robert Shepko (printed name) declare that I am the
Property Contract Purchaser (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.

Robert Shepko

Digitally signed by Robert Shepko
DN: cn=Robert Shepko, c=US, o=Balfour Beatty Campus
Solutions, email=rshepko@bbcgrp.com
Date: 2021.12.16 15:04:54 -05'00'

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 Robert Shepko *(printed name)* declare that in my capacity as Division President *(position within entity - ie manager, CFO, etc) for* Balfour Beatty Campus Solutions *(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 SDCl 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.

Robert Shepko

Digitally signed by Robert Shepko
DN: cn=Robert Shepko, c=US, o=Balfour Beatty Campus
Solutions, email=rshepko@bbcgrp.com
Date: 2021.12.16 15:05:53 -05'00'

Signature

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