



**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

3039349-EG

## Statement of Financial Responsibility/ Agent Authorization

Project Address	5249 CALIFORNIA 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	The Best Practice
B. Name of Individual Signing on Behalf of an Entity ( <i>Company, Partnership, etc.</i> )	Travis Weeks
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> )	3256 44th Ave SW. Seattle, WA. 98116
E. Telephone ( <i>of individual signing statement</i> )	206-619-3726
F. Email ( <i>of individual signing statement</i> )	Travis@thebestpracticeco.com

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

I Travis Weeks (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.

02.08.2022

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 Travis Weeks *(printed name)* declare that in my capacity as President *(position within entity - ie manager, CFO, etc)* for The Best Practice *(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.



02.08.2022

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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: \_\_\_\_\_

Primary Applicant Phone: \_\_\_\_\_

Primary Applicant Email: \_\_\_\_\_

Primary Applicant Address: \_\_\_\_\_