



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

3039547-EG

Statement of Financial Responsibility/ Agent Authorization

Project Address	1000 NE Northgate Way
------------------------	-----------------------

NAME AND ADDRESS OF FINANCIALLY RESPONSIBLE PARTY (Required)

A. Name of Individual or Entity (<i>Company, Partnership, etc.</i>) Assuming Financial Responsibility	GMD Development LLC
B. Name of Individual Signing on Behalf of an Entity (<i>Company, Partnership, etc.</i>)	Emily Thompson
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>)	520 Pike Street, Suite 1010 Seattle, WA 98101
E. Telephone (<i>of individual signing statement</i>)	206-745-3699
F. Email (<i>of individual signing statement</i>)	emily@gmddevelopment.com

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 Emily Thompson *(printed name)* declare that in my capacity as Vice President *(position within entity - ie manager, CFO, etc)* for GMD Development 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

5-3-2022

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: Andrew Kluess

Primary Applicant Phone: 206-367-1382

Primary Applicant Email: andrewkluess@caronarchitecture.com

Primary Applicant Address: 801 Blanchard Street, Suite 200 Seattle, WA 98121