

1306-055 & DEV13-022

CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

9611 SE 36TH STREET | MERCER ISLAND, WA 98040

PHONE: 206.275.7605 | www.mercergov.org



PRE-APPLICATION MEETING REQUEST FORM USE FOR LAND USE PROJECTS AND INFORMATIONAL MEETINGS

TO INITIATE A PRE-APPLICATION MEETING

- Step One: Submit this Form and Pay the Pre-Application Meeting Fee of \$523.24**
Payment can be made at the permit counter or via mail:
Mercer Island City Hall, ATTN: PERMITTING, 9611 SE 36th St, Mercer Island, WA 98040.
- Step Two: Upload all Required Documents to the Mercer Island File Transfer Site**
Submittal Requirements and instructions for the upload are available on the next page.
- Step Three: Upon Receipt of Payment and Required Documents, City Staff will schedule the Meeting.**
Your meeting will be scheduled a minimum of 7 to 10 business days after receipt of complete application on the next available Tuesday.

PROJECT INFORMATION

Name of Owner SCOTT GIBSON
GIB DEVELOPMENT, LLC Owner Address P.O. BOX 950
MERCER ISLAND, WA 98040

Owner Email SGIBSON@BURKEGIBSONLLC.COM Owner Phone 206-679-2320

Project Address 7254 N. MERCER WAY Parcel # 5315100050

Project Description A NEW SINGLE FAMILY RESIDENCE WHICH IS APPROXIMATELY 95% FRAMED WITH MINIMAL EARTHWORK REMAINING.

- Project Type**
- | | | |
|---|--|--|
| <input type="checkbox"/> CRITICAL AREAS DETERMINATION | <input type="checkbox"/> DESIGN REVIEW | <input type="checkbox"/> DEVIATIONS |
| <input type="checkbox"/> FEASIBILITY STUDY | <input type="checkbox"/> LOT LINE REVISION | <input type="checkbox"/> SHORELINE PERMIT |
| <input type="checkbox"/> SUBDIVISION | <input type="checkbox"/> VARIANCES | <input checked="" type="checkbox"/> OTHER <u>EXPIRED BUILDING PERMIT</u> |

Identify topics you would like to discuss by checking the boxes below

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> ZONING/DESIGN STANDARDS <u>(IMPERVIOUS SURFACES)</u> | <input type="checkbox"/> ENVIRONMENTAL/CRITICAL AREAS | <input type="checkbox"/> STORMWATER/DRAINAGE |
| <input type="checkbox"/> FIRE AND ACCESS REQUIREMENTS | <input type="checkbox"/> BUILDING CODE/STRUCTURAL | <input type="checkbox"/> CLEARING/GRADING |
| <input type="checkbox"/> UTILITIES | <input type="checkbox"/> TREES | <input type="checkbox"/> GEOTECHNICAL |
| | | <input type="checkbox"/> TRANSPORTATION |

PROJECT CONTACT

Name LEIF ANDERSON - ARCHITECT Phone 425-672-4963

Email L.ANDERSONARCHITECTURE@GMAIL.COM

SIGNATURE OF OWNER OR REPRESENTATIVE [Signature] ARCHITECT/AGENT

FOR CITY USE

FEE PAID \$ _____	DATE PAID _____	PRE-APP # _____
SCHEDULED MEETING DATE _____	SCHEDULED TIME _____	