CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

9611 SE 36TH STREET | MERCER ISLAND, WA 98040

PHONE: 206.275.7605 | www.mercerisland.gov



INTAKE SCREENING REQUEST FORM

Step One: Upload all Application Submittal Documents (including this form) to the Mercer Islan Transfer Site. Detailed instructions for the upload are available on the next page. Step Two: Upon Receipt of the Submittal Documents, City Staff will schedule the Screening Request the Intake Screening deposit of \$726.00, via email. The deposit covers 5 h staff time, if additional time is required more fees will be requested. If less than 5 h staff time are used on your Screening, you will be issued a refund for the remaining de PROJECT INFORMATION Name of Owner Aul 61 POWTES Owner Address 13845 NW 64 PS PORTLAND. COM Owner Phone 312 375 /687 Project Address WADDRS WAGAIT LOT Parcel # 53/5700 417 Project Description Building footprint by 500 square feet or more? YES P 2750 sq. ft Will you be expanding the building footprint by 500 square feet or more? YES MILLY YES WILLY YES	Serie configuration
Name of Owner Aul 61 POUTES Owner Address Owner Phone 2 1/1459 Apples Vocant Lot Project Address We Apples Vocant Lot Project Description Will you be expanding the building footprint by 500 square feet or more? Will you be altering within a critical area or buffer? Will you be modifying more than 40% of the existing exterior wall? Are you applying concurrently for a Land Use action? If so what is your project #(s) and type(s)? PROJECT CONTACT Name Phone	ng and ours of ours of
Owner Email 24/459 Eq. Wall.com Owner Phone 3/3 375 1687 Project Address wo ADDRS VOCANT LOT Parcel # 53/5/00417 Project Description Building footprint by 500 square feet or more? YES 1/2750 sq. ft Will you be expanding the building footprint by 500 square feet or more? YES 1/2750 sq. ft Will you be altering within a critical area or buffer? YES 1/2 Will you be modifying more than 40% of the existing exterior wall? N/1 YES 1/2 Are you applying concurrently for a Land Use action? YES 1/2 If so what is your project #(s) and type(s)? PROJECT CONTACT Name 7024 Uppar Phone 425 28/2706 Email ARY Clay ware hows. Com **Please note that there are no longer in person Intake screenings**	
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Email ARYCJAY MORC HOWLY. CON *Flease note that there are no longer in person Intake screenings*	
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FOR CITY USE ONLY	
FEE PAID \$ DATE PAID PERMIT #	
WEEK OF SCHEDULED SCREENING	