CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

9611 SE 36TH STREET | MERCER ISLAND, WA 98040

PHONE: 206.275.7605 | www.mercerisland.gov

TO INITIATE AN INTAKE SCREENING



INTAKE SCREENING REQUEST FORM

Step One:	Upload all Application Submittal Documents (including this form) to the Mercer Island						and File	
	Transfer Site.							
Chan Tura	Detailed instructions for the upload are available on the next page. Two: Upon Receipt of the Submittal Documents, City Staff will schedule the Screening and							
Step Two:	Request the Intake Screening deposit of \$726.00, via email. The deposit covers 5 hours of							
	staff time, if additional time is required more fees will be requested. If less than 5 hours of							
	staff time are used on your Screening, you will be issued a refund for the remaining deposit.							
PROJECT INFORMATION								
Name of Ov	vner Tyson & Ayesha Ha	rper	Owner Add	ress 6	551 81st Ave	nue SE		
Owner Ema	wner Email tysonharper@hotmail.com; ayeshaharper@h Owner Phone (206) 225-8311 / (20						00-0514	
Project Address 6551 81st Avenue SE, Mercer Island, WA 98040 Parcel # 545280-0805								
Project Description Exterior & interior alterations with two story addition, replace attached shed to int space.								
Will you be expanding the building footprint by 500 square feet or more? YES □ sq. ft NO ■								
Will there be a net increase of the impervious surface by 500 square feet or more? YES \square NO \blacksquare							NO 🔳	
Will you be altering within a critical area or buffer?						YES 🔳	NO □	
Will you be modifying more than 40% of the existing exterior wall?						YES □	NO 🔳	
Are you applying concurrently for a Land Use action?						YES □	NO 🔳	
If so what is your project #(s) and type(s)?								
							,	
PROJECT CONTACT								
Name Alli	son Hogue		Phone	(206) 81	.6-0253			
Email alli	son@floisandstudio.com							
Please note that there are no longer in person Intake screenings								
SIGNATURE OF OWNER OR REPRESENTATIVE AM L								
FOR CITY USE ONLY								
FEE PAID \$		DATE PAID PERMIT			ERMIT#_			
WEEK OF SCHEDULED SCREENING								