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

Step One:



INTAKE SCREENING REQUEST FORM

Upload all Application Submittal Documents (including this form) to the Mercer Island File

Step Tw	Detailed instructions for the upload are available on the next page. Upon Receipt of the Submittal Documents, City Staff will schedule the Screening and Request the Intake Screening Fee of \$750 via email. Note – this is the minimum fee for an Intake Screening. Additional fee will be requested at the hourly staff rate if staff time exceeds the minimum hours set forth in the Fee Schedule.									
PROJECT INFORMATION										
Name o	of Owner	r E	RIC & TRIC	IA JAFFE	Owner Address 8455 S				83RD ST.	
Owner	Email	jaff	afferemodel@gmail.com			Owner	Phone	206-354-7745		
Project	Address	84	8455 SE 83RD ST. Parcel # 362570-						0150	
Project Description REMODEL AND ADDITION TO AN EXISTING SINGLE FAMILY RESIDENCE.										
Will the building footprint expand by 500 square feet or more? YES ☑							YES ☑ 52	23 sq. ft	NO 🗆	
Will impervious surface increase by 500 square feet or more (net) on the project site? YES \(\square \) NO \(\square \) Does your project alter a critical area or critical area buffer such as a wetland, watercourse, steep slope hazard, potential slide hazard, or seismic hazard? Check the Environmental Layers found on our Online Map Portal to see if your project is located near a mapped										
critical area.										NO 🗆 .
Will you be modifying more than 40% of the existing exterior wall?									YES 🗌	NO ☑
Are you applying concurrently for a Land Use Approval? If so what type(s) of Land Use Approval(s) and what is/are your project #(s)?									YES 🗆	NO 🗹
PROJEC	T CONT	ACT								
Name	CHRI	SH	ADDAD			Phone	206-2	256-0809		
Email	CHRI	S@	S-PD.COM						,	
There are no longer meetings associated with Intake Screenings – all comments will be delivered via email										
SIGNATURE OF OWNER OR REPRESENTATIVE										
FOR CIT	Y USE O	NLY								
FEE PAID \$				DATE PAID				PERMIT #		
WEEK OF SCHEDULED SCREENING										
										