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

Step Two:	Permit Submittals Portal. 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 and Request the Intake Screening Fee of \$847 via email.							
PROJECT INFORMATION								
Name of Owner Rodolfo Hernandez McIntyre Owner Address 7520 Mercer Terrace Dr, N							and, WA 98040	
Owner Email rodolfo@kw.com		Owner Phone 206-29			-8329			
Project Address 7520 Mercer Terrace Dr,M.I, WA 98040 Parcel # 545360-0100								
Project Description REMODEL OF LOWER ROOF LINE AND 2-STORY ADDITION WITH ADU.								
Will the building footprint expand by 500 square feet or more? YES ☐						sq. ft	NO ☑	
Will impervious surface increase by 500 square feet or more (net) on the project site?						YES 🗆	NO ☑	
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.						YES ☑	ΝО□	
Will you be modifying more than 40% of the existing exterior wall?						YES 🗆	NO ☑	
Are you applying concurrently for a Land Use Approval?						YES 🗹	ΝО □	
If so what type(s) of Land Use Approval(s) and what is/are your project #(s)?			Critical Area Review 2					
			Accessory Dwelling Unit					
PROJECT CONTACT								
Name Die	ego Pineda		Phone	206-7	71-5014			
Email die	ego@buildstuffstu	dios.com						
There are no longer meetings associated with Intake Screenings – all comments will be delivered via email								
SIGNATURE OF OWNER OR REPRESENTATIVE DATE.								
FOR CITY US	E ONLY							
FEE PAID \$ DATE PAID			PERMIT #					
WEEK OF SC	CHEDULED SCREENING	i						