

CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

9611 SE 36TH STREET | MERCER ISLAND, WA 98040

PHONE: 206.275.7605 | www.mercerisland.gov

Inspection Requests: Online: www.mybuildingpermit.com VM: 206.275.7730



PERMIT APPLICATION

A	SITE ADDRESS*		PROJECT VALUATION (REQUIRED)*	PERMIT #		
	7650 SE 27th St SUITE 132		\$ 500.00			
P	PROPERTY OWNER: *		ADDRESS*	PHONE		
	Mercer Landmark LLC		SAME	206-949-2101		
P	TENANT NAME:		ADDRESS	E-MAIL*		
	Timothy J Cashman Ins Agency Inc			Tim@Cashmanteam.com		
P	APPLICANT CONTACT NAME*		ADDRESS	PHONE		
	Tim Cashman		Same As Site	206-949-2101		
L	ARCHITECT / DESIGNER (Company/Name)		ADDRESS	E-MAIL*		
	State Farm Ins.		Same As Site	Tim@Cashmanteam.com		
I	STRUCTURAL ENGINEER (Company/Name)		ADDRESS	PHONE		
	NA			E-MAIL*		
C	CONTRACTOR(Company/Name)		ADDRESS	PHONE		
	Paul S Brunt LLC		3157 108th Ave Bellevue, WA 98004	425-761-7772		
A	STATE CONTRACTOR LICENSE #*:		MI BUSINESS LICENSE #*:			
	ELECTRICAL CONTRACTOR (Company/Name)		ADDRESS	PHONE		
N	NA			E-MAIL*		
	STATE CONTRACTOR LICENSE #*:		MI BUSINESS LICENSE #*:			
T	PLUMBING CONTRACTOR (Company/Name)		ADDRESS	PHONE		
	NA			E-MAIL*		
STATE CONTRACTOR LICENSE #*:		MI BUSINESS LICENSE #*:				
*Required						
PERMIT TYPE	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Fuel Tank	OCCUPANCY TYPE	<input type="checkbox"/> SINGLE FAMILY	WORK TYPE	<input type="checkbox"/> ADDITION
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading		<input type="checkbox"/> MULTI FAMILY		<input checked="" type="checkbox"/> ALTERATION
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Stormwater		<input checked="" type="checkbox"/> COMMERCIAL		<input type="checkbox"/> NEW
	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Site Development		<input type="checkbox"/> MIXED USE		<input type="checkbox"/> REPAIR
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Tree		<input type="checkbox"/> CHURCH/SCHOOL		
	<input type="checkbox"/> Water Service	X Sign Relocate				
Briefly Describe Proposed Scope of Work (REQUIRED):						
Moved Existing Trademark State Farm Sign to New office location. NONE Electrical wall sign. Existing sign was not centered over my office suite #132.						
Will your project result in (all questions must be answered):						
A change of use				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
New Single Family dwelling				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
A reduction in any existing side yard setback				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
An increase in lot coverage by more than 100 square feet				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
An increase in the gross floor area of more than 500 square feet				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
An increase in the maximum building height above the highest point of the building				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	

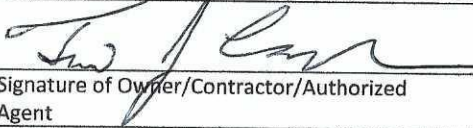
Continued on next page

NOTICE TO APPLICANT

Applications for which no permit is issued within 18 months shall expire. Once issued, building permits shall expire if work is not completed within two years from date of issue. Electrical, mechanical, and plumbing permits shall expire at the same time as the associated building permit except that if no associated building permit is issued, the electrical, mechanical and/or plumbing permit shall expire 180 days from issuance.

All work shall be done in accordance with the approved plans, except where such approval is in conflict with other codes. The approved plans shall not be changed or modified without the prior approval of the Building Official. It is the responsibility of the permittee to obtain the required inspections. Failure to notify this department that work is ready for inspection may necessitate the removal of some of the construction materials at the owner's expense in order to perform such inspections. All provisions of laws and ordinances governing this type of work will be met whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

I hereby certify that I am the owner of the subject property or I have been authorized by the owner(s) of the subject property to represent this application, and that I have read and examined this application and know the same to be true and correct. Also, I have received authorization to utilize all contractor license information provided within this application and have been informed about contractor license laws (RCW 18.27, RCW 18.106, etc.), and the potential risks and monetary liability to the homeowner for using an unregistered contractors (general, plumbing, electrical, etc.). Further information can be obtained at 1-800-647-0982.

	11/28/2023	Tim J Cashman
Signature of Owner/Contractor/Authorized Agent	DATE	Printed Name of Owner/Contractor/Authorized Agent

CITY OF MERCER ISLAND

COMMUNITY PLANNING & DEVELOPMENT

9611 SE 36TH STREET | MERCER ISLAND, WA 98040

PHONE: 206.275.7605 | www.mercerisland.gov



CITY USE ONLY

PROJECT#	RECEIPT #	FEE

Date Received:

Received By:

DEVELOPMENT APPLICATION

STREET ADDRESS/LOCATION 7650 SE 27th St Suite 132	ZONE
COUNTY ASSESSOR PARCEL #'S	PARCEL SIZE (SQ. FT.)

PROPERTY OWNER (required) Mercer Landmark LLC c/o Dollar Development	ADDRESS (required) 2737 78th Ave SE Suite 201 Mercer Island, WA	CELL/OFFICE (required) E-MAIL (required) tuck@dollardevelopment.com
PROJECT CONTACT NAME Tim Cashman	ADDRESS 7650 SE 27th St Suite 132 Mercer Island, WA	CELL/OFFICE 206-949-2101 E-MAIL Tim@CashmanTeam.com
TENANT NAME Tim Cashman Insurance Agency Inc	ADDRESS 7650 SE 27th St Suite 132 Mercer Island, WA	CELL PHONE 206-949-2101 E-MAIL Tim@CashmanTeam.com

DECLARATION: I HEREBY STATE THAT I AM THE OWNER OF THE SUBJECT PROPERTY OR I HAVE BEEN AUTHORIZED BY THE OWNER(S) OF THE SUBJECT PROPERTY TO REPRESENT THIS APPLICATION, AND THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

[Signature]
SIGNATURE

11/28/2023
DATE

PROPOSED APPLICATION(S) AND CLEAR DESCRIPTION OF PROPOSAL (PLEASE USE ADDITIONAL PAPER IF NEEDED):

ATTACH RESPONSE TO DECISION CRITERIA IF APPLICABLE

CHECK TYPE OF LAND USE APPROVAL REQUESTED:

CRITICAL AREAS	ENVIRONMENTAL REVIEW (SEPA)	SUBDIVISION
<input type="checkbox"/> Critical Area Review 1	<input type="checkbox"/> SEPA Review	<input type="checkbox"/> Short Plat- Preliminary
<input type="checkbox"/> Critical Area Review 2	<input type="checkbox"/> Environmental Impact Statement	<input type="checkbox"/> Short Plat- Alteration
		<input type="checkbox"/> Short Plat- Final Plat
		<input type="checkbox"/> Long Plat- Preliminary
		<input type="checkbox"/> Long Plat- Alteration
		<input type="checkbox"/> Long Plat- Final Plat
		<input type="checkbox"/> Lot Line Revision
DESIGN REVIEW	LEGISLATIVE	
<input checked="" type="checkbox"/> Design Review – Signs	<input type="checkbox"/> Code Amendment	
<input type="checkbox"/> Design Review – Code Official	<input type="checkbox"/> Comprehensive Plan Docket Application	
<input type="checkbox"/> Design Commission Study Session	<input type="checkbox"/> Comprehensive Plan Application (If Docketed)	
<input type="checkbox"/> Design Commission Review – Exterior Alteration	<input type="checkbox"/> Rezone	
<input type="checkbox"/> Design Commission Review – Major New Construction		
DEVIATIONS	OTHER LAND USE	WIRELESS COMMUNICATION FACILITIES
<input type="checkbox"/> Deviations to Antenna Standards – Code Official	<input type="checkbox"/> Accessory Dwelling Unit	<input type="checkbox"/> New Wireless Communication Facility
<input type="checkbox"/> Deviations to Antenna Standards – Design Commission	<input type="checkbox"/> Code Interpretation Request	<input type="checkbox"/> Wireless Communications Facilities-6409 Exemption
<input type="checkbox"/> Public Agency Exception	<input type="checkbox"/> Conditional Use (CUP)	<input type="checkbox"/> Small Cell Deployment
<input type="checkbox"/> Reasonable Use Exception	<input type="checkbox"/> Noise Exception Type I - IV	<input type="checkbox"/> Height Variance
<input type="checkbox"/> Variance	<input type="checkbox"/> Other Permit/Services Not Listed	
<input type="checkbox"/> Seasonal Development Limitation Waiver – Wet Season Construction Approval	SHORELINE MANAGEMENT	
	<input type="checkbox"/> Shoreline Exemption	
	<input type="checkbox"/> Shoreline Substantial Development Permit	
	<input type="checkbox"/> Shoreline Variance	
	<input type="checkbox"/> Shoreline Conditional Use Permit	
	<input type="checkbox"/> Shoreline Permit Revision	



NAI Puget Sound Properties
 10900 NE 8th St., Suite 1500
 Bellevue, WA 98004
 Phone: 425-586-5600
 Fax: 425-455-9138

© Commercial Brokers
 Association
 ALL RIGHTS RESERVED



Form: MT_NNN
 Multi-Tenant NNN Lease
 Rev. 9/2020
 Page 22 of 27

LEASE AGREEMENT
 (Multi-Tenant - Triple Net (NNN) Lease)

EXHIBIT A

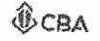
[Outline of the Premises]





NAI Puget Sound Properties
10900 NE 8th St., Suite 1500
Bellevue, WA 98004
Phone: 425-586-5600
Fax: 425-455-9138

© Commercial Brokers
Association
ALL RIGHTS RESERVED



Form: MT_NNN
Multi-Tenant NNN Lease
Rev. 9/2020
Page 23 of 27

LEASE AGREEMENT
(Multi-Tenant - Triple Net (NNN) Lease)

EXHIBIT B

[Legal Description of the Property]

MCGILVRAS ISLAND ADD LOTS 7 AND 8 LESS THAT POR OF LOT 7 CONV FOR ROAD UNDER REC NO
2581657 ALSO LESS THAT POR THOF CONV TO STATE OF WASHINGTON UNDER REC NO 8909130204
PLAT BLOCK: 18 PLAT LOT: 7-8

