



City of Seattle
 Department of Construction and Inspections
 700 Fifth Avenue, Suite 2000
 P.O. Box 34019
 Seattle, WA 98124-4019
 (206) 684-8850



YCA
 2-25

Seattle DCI Project Number

3020338

Statement of Financial Responsibility/ Agent Authorization

Original form must be submitted

Project Address	2939 E Madison St., Seattle WA 98112
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NAME AND ADDRESS OF PROPERTY OWNER (Required)

Name	Leap Associates	
Address	4163 Beach Drive SW, Apt. 101	
City/State/Zip Code	Seattle, WA 98116	
Telephone	206 714-2811	Email hfbroe@hotmail.com

To whom it may concern:

I, _____ declare that I am (please check the box that applies):

The owner of the above mentioned property and financially responsible party for all permit fees associated with this project.

The _____ (authorized title) of the owner, _____ (business entity) and have the authority under my title to bind the owner as the financially responsible party.

I understand and agree that the owner is responsible for payment of all fees associated with this project including all hourly or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the application is canceled or denied before the permit is issued.

The property owner or officer of business entity but not the financially responsible party. The applicant as defined by Director's Rule 5-2003 is listed on the reverse and is solely responsible for all applicable fees.

I understand and agree that the owner (or the applicant if the reverse is completed) must notify Seattle DCI of any address change which may occur at any time prior to payment of all fees associated with this project.

 Owner's Printed Name

 Owner's Signature

 Date

AGENT AUTHORIZATION (Optional):

I hereby authorize _____ to act as my agent for this project. My agent is the applicant on this project for contact purposes only and does not have a financial interest in this project.

 Owner's Printed Name

 Owner's Signature

 Date

302033B

THIS SIDE TO BE COMPLETED ONLY IF THE PROJECT IS BEING SUBMITTED BY AN "APPLICANT" WHO IS NOT THE OWNER

This side to be completed ONLY if the project is being submitted by an "applicant" as defined by Director's Rule 5-2003: 1) A person or entity with a financial interest in the project. "Applicant" shall not include any person who is acting solely as an employee, contractor, subcontractor or consultant of the property owner or another person or entity with an independent financial interest in the project. 2) A person or entity who is petitioning for a rezone.

"Applicant", under this definition does not include architects, agents or other design professionals who submit applications on behalf of a property owner. Such persons may not sign in lieu of the Owner or the Applicant as defined by the rule.

NAME AND ADDRESS OF APPLICANT (As defined in DR 5-2003)

Name	TVC Madison Co., L.L.C.	
Address	5757 West Maple, Suite 800	
City/State/Zip Code	West Bloomfield, MI 48322	
Telephone	(248) 539-7997	Email steves@velmeir.com

To whom it may concern:

I, Steve Silk declare that I am (please check the box that applies):

The applicant as defined in DR 5-2003, with a direct financial interest in the project. I am not acting even in part as an agent of the property owner.

The Manager (authorized title) of the applicant, TVC Madison Co., L.L.C. (business entity and have the authority under my title to bind the applicant as the financially responsible party.

I understand and agree that the applicant is responsible for payment of all fees associated with this project including all hourly or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the application is canceled or denied before the permit is issued. (Note: If an applicant as defined by the Director's Rule is not the owner and is not acting even in part as agent for the owner, that applicant is solely responsible for payment of applicable fees.)

I understand and agree that the applicant must notify Seattle DCI of any address change which may occur at any time prior to payment of all fees associated with this project.

Steven Silk

Applicant's Printed Name



Applicant's Signature

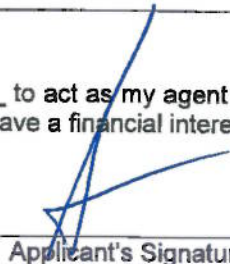
2/25/18
Date

AGENT AUTHORIZATION (Optional):

I hereby authorize Chris Davidson to act as my agent for this project. My agent is the applicant on this project for contact purposes only and does not have a financial interest in this project.

Steven Silk

Applicant's Printed Name



Applicant's Signature

Date