



Seattle Fire Department  
206-386-1450

Citation Number: **GC-004066**

**CITATION – Fire Department – General Compliance**

1. <input checked="" type="checkbox"/> FIRST VIOLATION \$433 Penalty		<input type="checkbox"/> SUBSEQUENT VIOLATION within 12 months \$866 Penalty	
THE UNDERSIGNED CERTIFIES AND SAYS THAT AT			
2. PROPERTY ADDRESS: <b>2251 NW 59th St</b>		4. DATE OF VIOLATION: <b>09/02/2025</b>	
3. PROPERTY NAME: <b>The Aros</b>			
5. DEFENDANT: <b>Eastgate Corporate Center LLC</b> Last Name First Name		7. <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER	
6. BUSINESS NAME: <b>The Aros</b>		8. MAILING ADDRESS: <b>c/o Registered Agent Corporation Service Company 300 Deschutes Way SW, STE 208 MC-CSC1 Tumwater, WA 98501</b>	
9. CONTACT: <b>Swanson</b> <b>Craig</b> Last Name First Name			
IS RESPONSIBLE FOR THE FOLLOWING VIOLATIONS:			
10. CHECK EACH THAT APPLIES: <b>Seattle Fire Code as adopted by SMC 22.600.020</b> a. <input type="checkbox"/> Overcrowding or admittance of any person beyond the approved capacity of a building, room or space (21 SFC 109.6) b. <input type="checkbox"/> Reliability of the means of egress (21 SFC 1032.2) c. <input type="checkbox"/> Removal of or tampering with fire protection or life safety system (21 SFC 901.8) d. <input type="checkbox"/> Unsafe conditions that involve illegal or improper occupancy or inadequate maintenance, or that are otherwise dangerous to human life or public welfare (21 SFC 114.1.1) e. <input type="checkbox"/> Failure to comply with a stop use or work order (21 SFC 113) f. <input checked="" type="checkbox"/> Inspection, testing and maintenance of fire protection systems and radio enhancement systems not being completed (21 SFC 510.6.1, 901.6, SFD Administrative Rule 9.02) g. <input type="checkbox"/> Performing work without an approved certification (21 SFC 901.4.8) h. <input type="checkbox"/> Operating without a required permit, or not complying with permit conditions (21 SFC 105.1.1, 105.3)		12. DESCRIPTION OF VIOLATION (include specific facts for each violation): <b>Sprinkler: 7 open deficiencies remain unaddressed</b>	
11. CORRECT BY DATE: <b>10/4/25</b>			
13. I certify under penalty of perjury under the laws of the State of Washington that I have reasonable grounds to believe and do believe that the above-named person was in violation of the Seattle Fire Code, and the information contained in this citation is true and correct to the best of my knowledge.			
Signature: <b>Aaron C. Cañez</b>		at Seattle, WA Date: <b>09/02/2025</b>	
Print: <b>Aaron C. Cañez</b>			
14. I certify that I mailed a copy of the foregoing citation to the above-named party and address, postage prepaid, on:			
<b>9/4/25</b> [Dated]		 [SFD Staff]	



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## CITATION – Fire Department – General Compliance

### You Have Received a Citation for Violating the Seattle Fire Code

This notice represents a determination that a violation has been committed by the person named in the citation. This determination will become final unless you contest it by checking the 3<sup>rd</sup> box below. A citation is not a criminal offense and cannot result in imprisonment as a sanction. However, if you do not respond within 15 calendar days of service, an order will be entered finding that you committed the violation and imposing a penalty. Additional citations may follow if the violation is not corrected.

### You Must Take Action within 15 Calendar Days from the Date the Citation Was Served\*

- Fill out this form, sign and return it with your payment, unless you are requesting an appeal.
- Mail to **City of Seattle, Office of Hearing Examiner, PO Box 94729, Seattle, WA 98124-4729**, or file electronically ("e-File") according to the Office of Hearing Examiner's process found at [www.seattle.gov/examiner/efile.htm](http://www.seattle.gov/examiner/efile.htm).
- Appeals must be received by the Office of Hearing Examiner between the hours of 8 a.m. and 5 p.m., Monday to Friday. Appeals received by e-Filing after 5 p.m. will be considered to have been filed the next business day. Delivery of appeals filed by any form of USPS mail service may be delayed by several days. Allow extra time if mailing an appeal. It is the appellant's responsibility to confirm with the Office of Hearing Examiner that an appeal has been received.
- Correct all violations noted, unless you choose to contest this citation. SFD will perform a re-inspection to confirm violations have been resolved and additional citations may be written.

*\* Service: Three days after notice mailed to you; OR date notice was posted at property; OR date notice was served on you. If multiple methods of service are used, the earliest date is the date of service.*

### You Must Check One of the Following Boxes, Sign and Follow Instructions to Return This Form

- ☐ **Box 1: I agree that I either committed or am responsible for the violation and choose to pay the monetary penalty specified in the citation.** You may call the Office of Hearing Examiner to pay by credit/debit card. Visa or Mastercard ONLY; (206) 684-0521. You may also mail payment, in which case you must send a check or money order only, payable in US funds to the **City of Seattle, Office of Hearing Examiner, PO Box 94729, Seattle, WA 98124-4729**. Do not send cash. Print the citation number on the check or money order. Only payments in full will be accepted.
- ☐ **Box 2: I admit that I either committed or am responsible for the violation but request a mitigation hearing to explain the circumstances and request reduction of the penalty.** A penalty reduction cannot be considered unless the violation is cured and compliance has been confirmed by SFD prior to your hearing. You must contact SFD at least four business days prior to your hearing date for an inspection to determine whether the violation has been cured.
- ☐ **Box 3: I request a hearing to contest the violation.** I believe the violation did not occur or I am not responsible for the violation for the reasons listed below. This information must be completed to request a contest hearing. The hearing is limited to the reason(s) listed below.

For Boxes 2 or 3: ☐ I request an interpreter at my hearing in the following language: \_\_\_\_\_

For Boxes 2 or 3: You must fill in the information below to receive notice of the hearing date. Do not send payment with your hearing request. You will be notified in writing of your hearing date.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

RESPONDENT'S SIGNATURE

DATE

**PAYMENT OF THE MONETARY PENALTY OR REQUEST FOR A MITIGATION HEARING DOES NOT RELIEVE YOU OF THE DUTY TO CORRECT THE VIOLATION**