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

DPD Project Number

6508387

Statement of Financial Responsibility/ Agent Authorization

Original form must be submitted

Project Address	423 2nd Avenue Extension South

NAME AND ADDRESS OF PROPERTY OWNER (Required)

Name	Metropole Capital Group, LLC		
Address	PO Box 31940		
City/State/Zip Code	Seattle, WA 98103		
Telephone	206/981-7441	**Email**	brittany@seneca-ventures.com

To whom it may concern:

I, Brittany Shulman 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 ~~Founder/Priciple~~ Manager (authorized title) of the owner, Metropole Capital Group, LLC (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 DPD of any address change which may occur at any time prior to payment of all fees associated with this project.

Metropole Capital Group, LLC	Brittany Shulman	11/13/2015
Owner's Printed Name	Owner's Signature	Date

AGENT AUTHORIZATION (Optional):

I hereby authorize PCNW/Jon OHare 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.

Metropole Capital Group, LLC	Brittany Shulman	11/13/2015
Owner's Printed Name	Owner's Signature	Date

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			
Address			
City/State/Zip Code			
Telephone		Email	

To whom it may concern:

I, _____ 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 _____ (authorized title) of the applicant, _____ (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 DPD of any address change which may occur at any time prior to payment of all fees associated with this project.

Metropole Capital Group,LLC	Brittany Shulman	11/13/2015
Applicant's Printed Name	Applicant's Signature	Date

By: Brittany Shulman

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.

Metropole Capital Group,LLC	Brittany Shulman	11/13/2015
Owner's Printed Name	Owner's Signature	Date