

002250000 BERTSCHI SCHOOL 02219 10TH AV E
BUILDING ID S 6 7
EC CHANGE THE USE OF EXISTING SFR AND MF STRUCTURE
AND FUTURE CONSTRUCTION FOR MINOR INSTITUTION

PROJECT NR: 2306429
SLM (LU)
CN: 040505 LU: 040505
REV
REV
REV LC

FINANCIAL RESPONSIBILITY STATEMENT

Project Address: 2219 10th AVE E DPD Project Number: 2306429

APPLICANT
 Property Owner Name: BERTSCHI SCHOOL
 Company Name: _____
 Address (PO Box not acceptable): 2217 10th AVE E
 City: SEATTLE State: WA Zip Code: 98102
 Phone: 325-1539 Fax: 329-4800

Property Owner's relationship to the project: Developer Lessor
 Owner Seller
 None Other: _____

AGENT
 Applicant (Project Owner): STEVE SOUTHERLAND 911 Western Ave
 Company Name: THE MILLER/HULL PARTNERSHIP sub 220
 Address (PO Box not acceptable): 71 COLUMBIA-SIXTH FLOOR
 City: SEATTLE State: WA Zip Code: 98104
 Phone: 206 682 6837 Fax: 206 682 5672

Applicant's relationship to the project: Property Owner Lessee
 Contractor Purchaser Rezone Petitioner
 Condemnor Other: ARCHITECT

FINANCIAL RESPONSIBILITY ACCEPTANCE:

Property Owner: / APPLICANT

I, BRIGITTE BERTSCHI, declare under penalty of perjury under the laws of the State of Washington that I am the Owner of the above referenced property, or the _____ (relationship) of the Owner, _____ (business entity), that the information provided herein is correct and complete, and that I have authority to bind the Owner to this statement. Owner will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If the Owner's address changes at any time before DPD has received full payment for all fees billed or owing, Owner will immediately notify DPD of the new address.

Signed this 5 day of may, 2004, at SEATTLE, WA.
By: Brigitte Bertsch Signature Director, Bertschi School Title
City State

Applicant:

I, _____, declare under penalty of perjury under the laws of the State of Washington that: I am the Applicant, or the _____ (relationship) of the Applicant, _____ (business entity), that the information provided herein is correct and complete, and that I have authority to bind the Applicant to this statement. Applicant will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If the Applicant's address changes at any time before DPD has received full payment for all fees billed or owing, Applicant will immediately notify DPD of the new address.

Signed this _____ day of _____, 20____, at _____, _____ State
By: _____ Title: _____
Signature