



CITY OF
SUMNER
WASHINGTON

City of Sumner SEPA Application

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5530 Fax: (253)299-5539
www.ci.sumner.wa.us

(Please fill out ALL fields unless otherwise noted)

File Number: _____

Site/Project Address (if available): 16209 64th Street East, Sumner		Parcel #: 0520194086	
Owner: Earl Alcorn (Alcorn Barbara Special Needs Trust)	Phone:	Email:	
Owner Address: 16209 64th Street East		City: Sumner	State: WA Zip: 98390
Surveyor/Engineer/Contractor: Sean Comfort, PE / AHBL, Inc.		Phone: (253) 383-2422	Contractor License Number: n/a
Address: 2215 N 30th Street, Suite 300	Email: scomfort@ahbl.com	City: Tacoma	State: WA Zip: 98403
Contact Person: Lisa Klein / AHBL	Phone: (253) 383-2422	Fax: (253) 383-2572	
Contact Address: 2215 N 30th Street, Suite 300	Email: lklein@ahbl.com	City: Tacoma	State: WA Zip: 98403
Description of Project:			
Construct a new 10,148 square foot dental and orthodontics office building with associated landscaping, parking and site improvements.			

Supporting Materials Required:

Office Applicant - (please check off all "applicant" boxes)

<input checked="" type="checkbox"/>	SEPA Application Form and Checklist 4 copies of the completed SEPA Checklist Required fee (Please consult the Permit Specialist)	
<input checked="" type="checkbox"/>	Site Plan Drawing (To scale including ALL items below) (Prepared, stamped, and dated by a licensed surveyor)	4 - 11" x 17" 2 - Full Sheet (24"x 36")
	<ul style="list-style-type: none"> o Legal Descriptions of existing and proposed lots o Vicinity map and site zoning o Property line dimensions and square footage of new lots o Existing public and private roads, driveway access and all easements o Existing and proposed fire hydrant locations or distance to the nearest hydrants o All major man-made features; drainage ditches, railroad tracks, etc. o Existing building locations and setbacks from property lines (if any) o Proposed access width o Building envelopes and lot number assigned to each lot o Location of nearest existing utilities including sanitary sewer, storm drainage, and water services o Environmental constraints identified and delineated (if any) such as wetlands, rivers, streams, slopes 	
<input checked="" type="checkbox"/>	Mailing list of all property owners within 500 ft, 1000 if project is in M1 zone – electronically (Excel)	
<input checked="" type="checkbox"/>	PDF Copy of all submitted documents	

I, THE UNDERSIGNED, SWEAR UNDER THE PENALTY OF PERJURY THAT THE ABOVE RESPONSES ARE MADE TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT, SHOULD THERE BE ANY WILLFUL MISREPRESENTATION OR WILLFUL LACK OF FULL DISCLOSURE ON MY PART, THE AGENCY MAY WITHDRAW ANY DETERMINATION OF NON-SIGNIFICANCE THAT IT MIGHT ISSUE IN RELIANCE UPON THIS CHECKLIST.

**BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)

SIGNATURE OF OWNER / AUTHORIZED AGENT

Lisa Klein

PRINTED NAME

DATE: 06 / 25 / 15