

File Name:

File Number:

**Instructions for Applicants**

Please read and follow all instructions on your application carefully. If you have any questions about the process or your project, it is strongly recommended that you speak with staff prior to submitting your application to help ensure that processing can advance in a timely manner. Every application must include this cover sheet, the application/checklist and all required items, and a notarized affidavit of ownership (if applicable).

**Specific Type of Land Use Application to be submitted (check all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accessory Dwelling Unit                   | <input checked="" type="checkbox"/> Environmental Review (SEPA) | <input type="checkbox"/> Wireless Communication Facility        |
| <input type="checkbox"/> Appeal                                    | <input checked="" type="checkbox"/> Project Design Review       | <input type="checkbox"/> Other (please specify):                |
| <input type="checkbox"/> Binding Site Plan                         | <input type="checkbox"/> Rezone/PUD                             |   |
| <input type="checkbox"/> Boundary Line Adjustment/ Lot Combination | <input type="checkbox"/> Short Subdivision (Short Plat)         | <input type="checkbox"/> Comprehensive Plan Suggested Amendment |
| <input type="checkbox"/> Conditional Use Permit                    | <input type="checkbox"/> Subdivision (Long Plat)                | <input type="checkbox"/> Comprehensive Plan Amendment           |
|  | <input type="checkbox"/> Variance                               |   |

Please Print or Type Legibly

<b>Applicant:</b> Koz Development, LLC/Joshua Scott			Phone:
Address: 1830 Bickford Ave. Suite 201			Cell: 206-755-1290
City: Snohomish	State: WA	Zip: 98290	Fax:
E-Mail: josh@kozdevelopment.com			
<b>Contact Person, if different:</b> Jagira Hane			Phone:
Address: 1830 Bickford Ave. Suite 201			Cell: 425-268-1487
City: Snohomish	State: WA	Zip: 98290	Fax:
E-Mail: jagira@kozdevelopment.com			
<b>Property Owner(s), if different:</b>			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
<b>Site Address(es):</b> 4301 Alderwood Mall Boulevard			Zoning: CC-C
Assessor Parcel Number(s) – (APNs): 00372600701905			Comp. Plan Designation:
<b>Description of Proposal:</b> New 5 story apartment units of wood framed building over 2 levels of metal frame apartment units and parking garage			
I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge.			
Signature of Applicant/Agent:			Date: 3/9/22
Signature of Property Owner:			Date: 3/9/22

File Name:

File Number:

Property Owner: Koz on Alderwood Mall Blvd, LLC

Contact Address: 1830 Bickford Avenue, Suite 201, Snohomish, WA 98290 Phone: (425) 622-5943

Any person with a verifiable interest in the subject property must complete this form. If the above property owner has an express interest in additional parcels involved in the listed project than there is space provided for below, those parcel numbers and associated legal descriptions must be provided on further copies of this form.

Site Address: 4301 Alderwood Mall Blvd., Lynnwood, WA 98036 APN: 00372600701905

Legal Description: ALDERWOOD MANOR BLK 007 D-05 - PAR A CITY OF LYNN SP NO 83-S-128311010282 & CORRECTED UNDER AF NO 8311210308

Site Address: \_\_\_\_\_ APN: 00372600701905

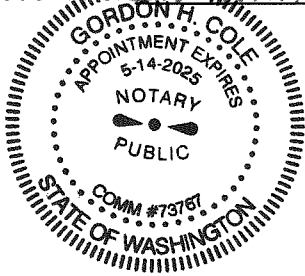
Legal Description: \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP – To Be Completed in the Presence of a Notary Public**

I, Koz on Alderwood Mall Blvd, LLC, being duly sworn, depose and say that I am the owner of record of that certain real property identified as Snohomish County Parcel Number(s) 83-S-128311010282 & CORRECTED UNDER AF NO 8311210308, and that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge.

Signature of Owner: *Catherine Reines* Date: 1/19/22  
Please print name: Catherine Reines

STATE OF Washington )  
COUNTY OF Snohomish ) ss.



I certify that I know or have satisfactory evidence that Cathy Reines is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this 20<sup>th</sup> day of January 2022

NAME (print): Gordon H. Cole

NAME (sign): *Gordon H. Cole*  
Notary Public in and for the State of WASHINGTON

Commission Expires: 5-14-25

