

SNOHOMISH CO.

# FIRE DISTRICT



Serving Brier, Edmonds, and  
Mountlake Terrace

www.FireDistrict1.org



23107 100th AVE W

12425 Meridian Ave S

Everett, WA 98208

Phone (425) 551-1200

Fax (425) 551-1272

## FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS  
☐ BRIER  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100th Avenue W Suite 2 98026

BUSINESS NAME: Westgate Travel

PHONE: 4257757471

MAILING

ADDRESS: 23107 100th Avenue W, Suite 2, Edmonds, WA 98026

BUSINESS OWNER:

HOME PHONE:

EMERGENCY-1: Jones, Gary

KEY ACCESS-2:

EMAIL: GARY@WGTRAVEL.COM

HOME PHONE: 4257780219

HOME PHONE: 20

425 772 3457

CURRENT  
CITY  
BUSINESS  
LICENSE

YES NO

☒ YES  
☐ NO

PERSON CONTACTED: GARY JONES

NAME OF INSPECTOR: WINSTON

INITIAL INSPECTION DATE

1-23-17

FIRE SYSTEMS: FE 7/1b

Date Last Serviced:

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1. NO VIOLATIONS

2

3

4

5

6

7

1

2

3

4

5

6

7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

### 1st RE-INSPECTION

DATE DUE:  
PERSON  
CONTACTED:

INSPECTOR:

DATE: VIOLATIONS

1 5  
 2 6  
 3 7  
 4 8

LETTER NEEDED ☐ YES ☐ NO

### 2nd RE-INSPECTION

DATE DUE:  
PERSON  
CONTACTED:

INSPECTOR:

DATE: VIOLATIONS

1 5  
 2 6  
 3 7  
 4 8

LETTER NEEDED ☐ YES ☐ NO

EXTENSION  
GRANTED TO:

PRE-CITATION  
LETTER SENT

DATE:  
RETURN RECEIPT  
RECEIVED

DATE:

### FINAL RE-INSPECTION

DATE DUE:  
PERSON  
CONTACTED:

INSPECTOR:

DATE: CITATION ISSUED

NUMBER:  
CODE  
SECTION

DISPOSITION:

VIOLATIONS  
CITED:

1

2

3

4

5

6

7

8



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# FIRE PREVENTION INSPECTION REPORT

- ☒ EDMONDS  
☐ BRIER  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100 th Avenue W Suite 2B 98026

BUSINESS NAME: H2 Accounting and Bookkeeping LLC

PHONE: 4257750379

MAILING

ADDRESS: 23107 100th Avenue W, Edmonds, WA 98026

BUSINESS OWNER: Hadaller, Donna

HOME PHONE:

EMERGENCY-1: Snow, Wesley

KEY ACCESS-2:

HOME PHONE: 4257735877

HOME PHONE: 20

EMAIL: DONNA@H2BOOKKEEPER.COM

CURRENT  
CITY  
BUSINESS  
LICENSE

YES ☒ NO ☐

PERSON CONTACTED: BETTY SAVELL

NAME OF INSPECTOR: WINSTON

INITIAL INSPECTION DATE

1-23-17

FIRE SYSTEMS: FE 1/17

Date Last Serviced:

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1. NO VIOLATIONS

2

3

4

5

6

7

1

2

3

4

5

6

7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:				DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:				PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:				INSPECTOR:		3	
DATE:		DATE:				DATE:		4	
VIOLATIONS:		VIOLATIONS:				CITATION ISSUED		5	
1	5	1	5			NUMBER		6	
2	6	2	6			CODE SECTION:		7	
3	7	3	7			DISPOSITION:		8	
4	8	4	8						
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

RECEIVED



DEC 07 2015

EDMONDS CITY CLERK

CITY OF EDMONDS  
BUSINESS LICENSE APPLICATION - COMMERCIAL  
FEE: \$125.00  
CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION  
121 5<sup>TH</sup> AVENUE NORTH, EDMONDS, WA 98020 PHONE 425.775.2525

- ☐ Building
- ☐ Engineering
- ☐ Fire
- ☐ Planning
- ☐ Police

OFFICE USE ONLY

BL#	Customer #	SIC	Year	Class	SHD	Date Paid	TR#	Fee	Mailed	Deleted
	00330602	B72	2016	B	054	12/11/15	10374400031250			

INSTRUCTIONS: Please complete the application in full and attach the required floor plan. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes. License expires December 31<sup>st</sup> each year. Renewal must be submitted prior to January 31<sup>st</sup> to avoid late fees.

BUSINESS NAME H2 Accounting & Bookkeeping LLC (S-Corp)

BUSINESS ADDRESS 23107- 100th Ave W., Suite 2B, Edmonds, WA 98026  
Street Suite # City, State, Zip Code

MAILING ADDRESS 9107- 216th St. SW, Edmonds, WA 98026  
Street or PO Box # Suite # City, State, Zip Code

BUSINESS PHONE 425, 775-0379 WA STATE TAX ID # (UBI) 603 217 866

BUSINESS E-MAIL Donna@H2bookkeeper.com BUSINESS WEBSITE www.h2bookkeeping.com

BUSINESS OWNER / MAIN CONTACT Donna D. Hadaller, Owner 425, 775-0379  
Name Phone Number

PROPERTY OWNER Nordwall Properties, Brian Nordwall 206, 624-5155  
Name Phone Number

EMERGENCY NOTIFICATION (For Premise Access in Emergency):  
Snow Wesley K 425, 773-5877(cell) (Manager)  
Last Name First Name MI Phone Number

Hadaller Donna D 425, 744-6062(home) or  
Last Name First Name MI Phone Number 425-478-3420(cell)

NATURE OF BUSINESS (Provide a Detailed Description of Business Activities, Products & Services):  
Professional Bookkeeping Services

SPACE ALTERATIONS TO BE MADE: YES ☐ NO ☒ DESCRIPTION \_\_\_\_\_

PREVIOUS BUSINESS AT THIS ADDRESS unknown

NUMBER OF EMPLOYEES 3 SQUARE FOOTAGE OF BUSINESS SPACE 990 sf

TYPE OF BUSINESS - PLEASE CHECK APPROPRIATE CATEGORY:

- ☐ CONSTRUCTION
- ☐ FINANCE, INSURANCE, REAL ESTATE
- ☐ LANDSCAPE, HORTICULTURAL
- ☐ MANUFACTURING
- ☐ NON-PROFIT
- ☐ RETAIL
- ☐ SECONDHAND DEALER
- ☒ SERVICES
- ☐ WHOLESALE
- ☐ OTHER

PROPOSED OPENING DATE: 12/1/15  
BUSINESS HOURS: 8:00am-4:30pm  
DAYS OPEN:  
☐ SUNDAY ☒ WEDNESDAY  
☒ MONDAY ☒ THURSDAY  
☒ TUESDAY ☒ FRIDAY  
☐ SATURDAY

AMUSEMENT DEVICES ON PREMISES? YES ☐ NO ☒ IF YES, TOTAL NUMBER \_\_\_\_\_ LIQUOR SOLD ON PREMISES? YES ☐ NO ☒

GAMBLING? YES ☐ NO ☒ CIGARETTES SOLD ON PREMISES? YES ☐ NO ☒

FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED? YES ☐ NO ☒ IF YES, PLEASE PROVIDE A LIST OF MATERIALS AND QUANTITIES:

PARKING SPACES ON SITE: TOTAL SPACES 30 ACCESSIBLE SPACES FOR HANDICAP PARKING 1 (Entire bldg)  
DOES THE BUSINESS CONTAIN AN ENTRANCE ACCESSIBLE TO PERSONS WITH DISABILITIES? YES ☒ NO ☐

APPLICANT  
NAME Donna D. Hadaller Donna D Hadaller  
TITLE Owner DATE 12/2/15  
Printed Name Signature

FE 12/2/15  
X cond in  
591000 12C 054

Emailed  
1/15/16

### SOLE PROPRIETORSHIP

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE INITIAL  
 ADDRESS \_\_\_\_\_  
 STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE  
 HOME PHONE( ) DRIVERS LICENSE OR ID # & STATE  
 DATE OF BIRTH CITY/STATE OF BIRTH COUNTRY OF BIRTH

### PARTNERSHIP - PARTNER 1

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE INITIAL  
 ADDRESS \_\_\_\_\_  
 STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE  
 HOME PHONE( ) DRIVERS LICENSE OR ID # & STATE  
 DATE OF BIRTH CITY/STATE OF BIRTH COUNTRY OF BIRTH

### PARTNERSHIP - PARTNER 2

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE INITIAL  
 ADDRESS \_\_\_\_\_  
 STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE  
 HOME PHONE( ) DRIVER'S LICENSE OR ID # & STATE  
 DATE OF BIRTH CITY/STATE OF BIRTH COUNTRY OF BIRTH

### CORPORATION/ LLC or PLLC

NAME OF CORPORATION H2 Accounting + Bookkeeping LLC FEDERAL TAX ID# 45-5585065  
 CORP. ADDRESS 9107-216th Street SW, Edmonds, WA 98026 (425) 775-  
 Street Suite, Apt. Unit # City, State and Zip Code Phone Number 0379

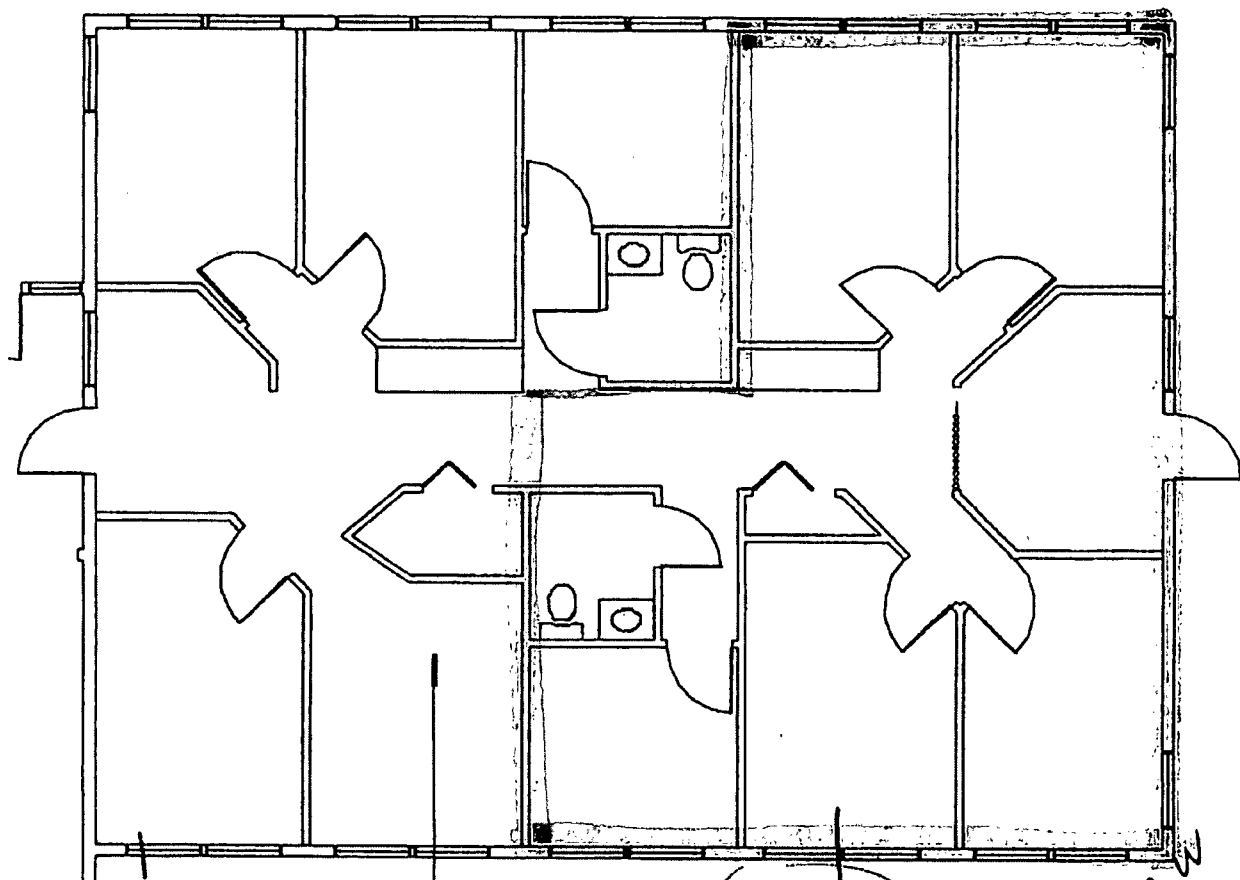
#### CORPORATE OFFICERS:

Last Name First Name MI Title Date of Birth Driver's License or Other ID# / State  
Hadaller Donna D. President 11-22-61 HADALDD393Q2

LOCAL CONTACT Hadaller, Kenneth L. 4-11-70  
 Last Name First Name MI Title Date of Birth  
HADALKL301JJ  
 Driver's License or Other ID# / State Phone Number (425) 478-3421 (cell)

#### CITY USE ONLY:

BUILDING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 OCCUPANT LOAD \_\_\_\_\_ BUILDING PERMIT \_\_\_\_\_ OCCUPANCY GROUP \_\_\_\_\_  
 COMMENTS \_\_\_\_\_  
 ENGINEERING ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 FIRE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 U.F.I.R. \_\_\_\_\_  
 COMMENTS \_\_\_\_\_  
 PLANNING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 ZONING CODE \_\_\_\_\_ CONDITIONAL USE PERMIT \_\_\_\_\_ COMMENTS \_\_\_\_\_  
 POLICE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 COMMENTS \_\_\_\_\_



2A SUITE 2  
1,980 R.S.F.

Suite  
2B

23107-100th Ave W  
Suite 2B  
Edmonds, WA 98020

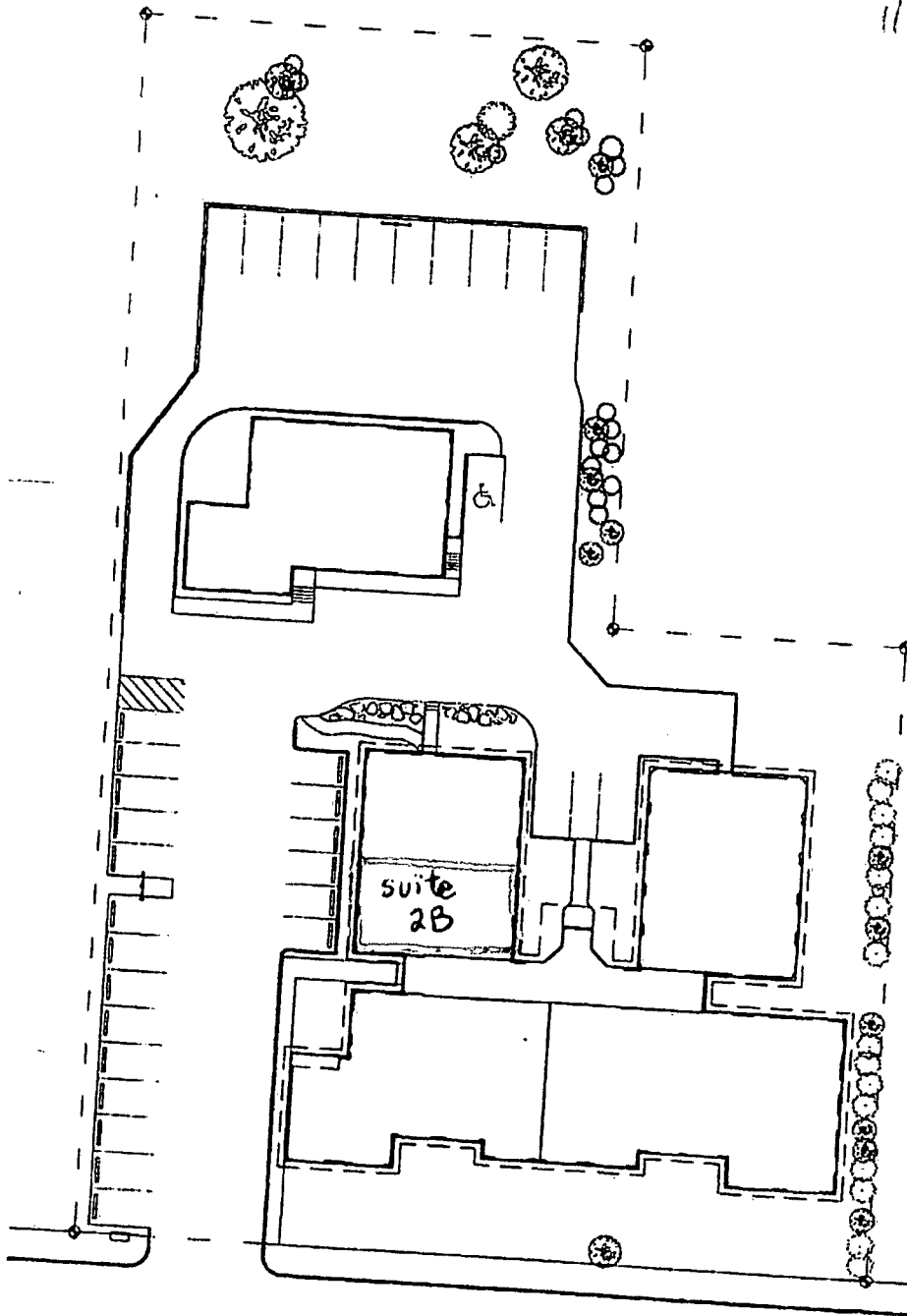
m-EBP FLR 1 in suites 2.dwg  
1-15-04

**FLOOR PLAN**  
NOT TO SCALE

CONNELL  
DESIGN  
ARCHITECTS

**EDMONDS BUSINESS PARK**  
BUILDING 1- SUITE 2  
23101 100TH AVENUE WEST  
EDMONDS, WASHINGTON

note folder  
" floor plan "



**SITE PLAN**  
NOT TO SCALE

3 SITE.dwg  
04

DIINELL  
IGN

EDMONDS BUSINESS PARK  
23101 100TH AVENUE WEST  
EDMONDS, WASHINGTON

**EDMONDS BUSINESS PARK**  
SITE  
23101 100TH AVENUE WEST  
EDMONDS, WASHINGTON

**Kevin Zweber**

---

**From:** Donna Hadaller [donna@h2bookkeeper.com]  
**Sent:** Thursday, January 14, 2016 3:44 PM  
**To:** Kevin Zweber  
**Subject:** RE: Business License Inspection

Yes, thanks for your email reminder. I just reached out to the new building owners on the electrical outlet issue (they just closed and bought the bldg. on 12/30 so we were waiting). I also have Evergreen Fire & Safety coming in next week to bring me a new extinguisher and set me up for an annual service.

I can email you when I know the date of completion on the electrical.

**Donna D Hadaller, Owner**  
**H2 Accounting & Bookkeeping**  
23107 100<sup>th</sup> Ave W., Suite 2B  
Edmonds, WA 98020 **NEW address!!**  
Tel: 425-775-0379 fax: 425-672-9039  
**Donna@H2bookkeeper.com**

**From:** Kevin Zweber [mailto:kZweber@firedistrict1.org]  
**Sent:** Thursday, January 14, 2016 7:15 AM  
**To:** Donna Hadaller <donna@h2bookkeeper.com>  
**Subject:** Business License Inspection

Ms. Hadaller,

I conducted a Business License inspection at your business on December, 21 2015.

I spoke with your assistant and explained two issues that need to be corrected.

- 1 - Fire Extinguisher needed to be serviced.
- 2 - Discontinue use of the extension cord in furnace room.

Could you please tell me status of these issues so I can approve my portion of your business License.

Kevin Zweber  
Acting Deputy Chief/Fire Marshal  
Fire Prevention Services  
Snohomish County Fire District 1/  
City of Edmonds  
425-775-7720 Office

## Kevin Zweber

---

**From:** Donna Hadaller [donna@h2bookkeeper.com]  
**Sent:** Monday, January 25, 2016 4:16 PM  
**To:** Kevin Zweber  
**Subject:** RE: Business License Inspection

Hello Kevin,

We have completed the tasks of adding an electrical outlet in the utility cabinet (no extension cord) and getting a new fire extinguisher with Annual Certification from Evergreen Fire & Safety.

**Donna D Hadaller, Owner**  
**H2 Accounting & Bookkeeping**  
23107 100<sup>th</sup> Ave W., Suite 2B  
Edmonds, WA 98020 **NEW address!!**  
Tel: 425-775-0379 fax: 425-672-9039  
**Donna@H2bookkeeper.com**

---

**From:** Kevin Zweber [mailto:kZweber@firedistrict1.org]  
**Sent:** Thursday, January 14, 2016 3:45 PM  
**To:** Donna Hadaller <donna@h2bookkeeper.com>  
**Subject:** Re: Business License Inspection

Thanks

Sent from my iPhone

On Jan 14, 2016, at 3:44 PM, Donna Hadaller <donna@h2bookkeeper.com> wrote:

Yes, thanks for your email reminder. I just reached out to the new building owners on the electrical outlet issue (they just closed and bought the bldg. on 12/30 so we were waiting). I also have Evergreen Fire & Safety coming in next week to bring me a new extinguisher and set me up for an annual service.

I can email you when I know the date of completion on the electrical.

**Donna D Hadaller, Owner**  
**H2 Accounting & Bookkeeping**  
23107 100<sup>th</sup> Ave W., Suite 2B  
Edmonds, WA 98020 **NEW address!!**  
Tel: 425-775-0379 fax: 425-672-9039  
**Donna@H2bookkeeper.com**



**From:** Kevin Zweber [<mailto:kZweber@firedistrict1.org>]  
**Sent:** Thursday, January 14, 2016 7:15 AM  
**To:** Donna Hadaller <[donna@h2bookkeeper.com](mailto:donna@h2bookkeeper.com)>  
**Subject:** Business License Inspection

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I spoke with your assistant and explained two issues that need to be corrected.

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Kevin Zweber  
Acting Deputy Chief/Fire Marshal  
Fire Prevention Services  
Snohomish County Fire District 1/  
City of Edmonds  
425-775-7720 Office



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## FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS  
☐ BRIER  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100 th Avenue W Suite 2 98026

BUSINESS NAME: Westgate Travel

PHONE: ✓ 4257757471

MAILING ADDRESS: ~~23107~~ 100th Avenue W, Suite 2, Edmonds, WA ~~98026~~

BUSINESS OWNER:

98020  
HOME PHONE:

EMERGENCY-1: Jones, Gary

KEY ACCESS-2: CHERRINGTON JULIE (SISTER) TON MNR

EMAIL:

HOME PHONE: 4257780219

HOME PHONE: 425-712-3457

LOCAL HOME

CURRENT  
CITY  
BUSINESS  
LICENSE

YES

NO

☐☐

PERSON CONTACTED: LISA

NAME OF INSPECTOR:

INITIAL INSPECTION DATE

8.4.15

FIRE SYSTEMS: FE 06/15

### HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	NO HAZARDS FOUND	1
2		2
3		3
4		4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

In our continuing effort to promote fire safety and prevention within the community, your fire department conducts regularly scheduled "Fire Safety Survey Inspections" of all businesses and multi-family occupancies in the **Cities covered by Snohomish County Fire District 1.**

You are to be congratulated on the relative good condition of your occupancy in regards to fire safety. Above you will find the item(s) that were noted during our inspection which require attention to bring them into compliance with the minimum standards adopted by the **above jurisdictions.**

Any overlooked hazards or violations of the fire regulations does not imply approval of such conditions or violation. If you require additional information or to schedule a re-inspection for Edmonds or the Town of Woodway, call (425) 775-7720; for Mountlake Terrace or Brier, call (425) 754-0434.

BUSINESS COPY

SNOHOMISH CO.



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Fax (425) 551-1272

## FIRE PREVENTION INSPECTION REPORT

☒ EDMONDS  
☐ BRIER  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100 th Avenue W Suite 5 98026

BUSINESS NAME: Sanctuary Psychological Services

PHONE: ☒ 4257748049

MAILING ADDRESS: 23107 100th Avenue W, Suite 5, Edmonds, WA 98026

BUSINESS OWNER:

HOME PHONE:

EMERGENCY-1: Groen-Colyn, Sarah

HOME PHONE: ☒ 2065500783

KEY ACCESS-2:

HOME PHONE:

EMAIL:

FREQUENCY  
2015

STATION & SHIFT  
20-B

SCHEDULED Jan 2015  
DATE DUE ▶

UFIR ▶ 593 54

CURRENT  
CITY  
BUSINESS  
LICENSE

YES ☒ NO ☐

PERSON CONTACTED: CAROLINE TIMMINS

NAME OF INSPECTOR: GURDY 0817

INITIAL INSPECTION DATE

8-4-15

FIRE SYSTEMS: FE NO TAB

### HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1 FE NO TAB

1

2 FE COMMERCIALLY BOUGHT CAN TO REPLACE FE

2

3 SMOKE w/ EMPLOYEE ABOUT GETTING FE SERVICED

3

4

4

5

5

6

6

7

7

\* SERVICED 8/15  
ENTERED INTO SPREADSHEET

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X Kaelyn Timmins

In our continuing effort to promote fire safety and prevention within the community, your fire department conducts regularly scheduled "Fire Safety Survey Inspections" of all businesses and multi-family occupancies in the **Cities covered by Snohomish County Fire District 1.**

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### FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS  
☐ BRIER  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100 th Avenue W 98026

BUSINESS NAME: Vacant

PHONE:

MAILING ADDRESS: 23107 100th Avenue W, Edmonds, WA 98026

BUSINESS OWNER:

HOME PHONE:

\*EMERGENCY-1:

HOME PHONE:

KEY ACCESS-2:

HOME PHONE:

EMAIL:

FREQUENCY  
2015

STATION & SHIFT  
20-B

SCHEDULED Jan 2015  
DATE DUE ▶

UFIR ▶ 591 54

CURRENT  
CITY  
BUSINESS  
LICENSE

YES ☐ NO ☐

PERSON CONTACTED:

NAME OF INSPECTOR:

FIRE SYSTEMS: FE

INITIAL INSPECTION DATE

6-4-15

#### HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	STILL VACANT	1
2	NO ACCESS	2
3		3
4		4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:	FINAL RE-INSPECTION	VIOLATIONS CITED:
DATE DUE:		DATE DUE:			DATE DUE:	
PERSON CONTACTED:		PERSON CONTACTED:			PERSON CONTACTED:	1
INSPECTOR:		INSPECTOR:			INSPECTOR:	2
DATE:		DATE:			DATE:	3
VIOLATIONS		VIOLATIONS		PRE-CITATION LETTER SENT	CITATION ISSUED	4
1	5	1	5	DATE:	NUMBER:	5
2	6	2	6	RETURN RECEIPT RECEIVED	CODE SECTION:	6
3	7	3	7	DATE:	DISPOSITION:	7
4	8	4	8			8
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO				

FIRE DEPARTMENT COPY

## John J. Westfall

---

**From:** John J. Westfall  
**Sent:** Tuesday, October 13, 2015 2:10 PM  
**To:** 'Startzman, Jeanne'  
**Subject:** RE: Records request re 23105 & 23107 100th W  
**Attachments:** 20151013135707.pdf; 20151013135837.pdf; 20151013135729.pdf

Jeanne:

The Edmonds Department of Fire Prevention office has address files for 23107 100<sup>th</sup> Ave W. dated to 1984. It appears at some point the 23103 then 23105 addresses were assumed for the rear building that was a dwelling converted to commercial office in 1984. The 23107 new business office was constructed in 1990 after the change of use on the rear building.

No UST information is on record. Attached are the construction permit reviews for the new office building in 1989-90. Only one other environmental record is pertinent. This is a license to receive and use radioactive materials from the State with local approval provided to Landau & Associates from 1988, attached. Owner/tenant Landau & Associates was a geotechnical company that used the radioactive material in their soils testing.

Both addresses indicate records of regular annual fire inspections by local fire department.

Building Department will have access to any building and underground tank permits or plans, as available, for this site through the Edmonds municipal permitting database.

For hazardous spill and emergency incident records since 2010, requester is directed to contact Snohomish Fire District #1, 425.551.1200 or [www.firedistrict1.org](http://www.firedistrict1.org) for emergency information. Prior to this date, emergency response incidents can only be searched by date. If you have specific dates to retrieve, please add to your request.

This satisfies all available city fire information by attached request.

Request Made By: Alayna Nieman

Request Received: September 28, 2015

Request (Summary): 23105 & 23107 100<sup>th</sup> Ave W, Edmonds

Your Name	Time Spent
John Westfall	60 minutes
TOTAL	60 minutes

### John J. Westfall

Deputy Chief/Fire Marshal  
Fire Prevention Services  
425-771-0213 Desk  
425-775-7721 Fax  
425-231-3644 Mobile



---

**From:** Westfall, John [<mailto:john.westfall@edmondswa.gov>]  
**Sent:** Tuesday, October 13, 2015 1:43 PM  
**To:** John J. Westfall  
**Subject:** FW: Records request re 23105 & 23107 100th W

---

**From:** Startzman, Jeanne  
**Sent:** Monday, September 28, 2015 12:13 PM  
**To:** Cunningham, Diane; Thies, Mike; Westfall, John; Zweber, Kevin; Bjorback, Leif; Johns, Kristin; Thornquist, Linda; English, Robert; Luttrell, Megan; McConnell, Jeanie  
**Subject:** Records request re 23105 & 23107 100th W

September 28, 2015

Hello Potential Responders,

Please see the records request included below from Ms. Nieman. She is conducting an environmental assessment of two properties.

**My first response is due to her on October 5<sup>th</sup>.** Please let me know prior to then if you will have responsive records or require a date extension or clarification.

Thanks,  
Jeanne

---

**From:** Alayna Nieman [<mailto:Alayna@kane-environmental.com>]  
**Sent:** Monday, September 28, 2015 11:27 AM  
**To:** DevServ Admin (email account)  
**Subject:** records request for 23105 and 23107 100th Avenue W in Edmonds

Hello,

I am doing research for a Phase I Environmental Site Assessment for the property addressed as 23105 and 23107 100<sup>th</sup> Avenue W (one building at each address) in Edmonds, WA. The Snohomish County assessor tax parcels that encompass this property are 00391400000100, 00391400000200, and 00391400000300. As part of my research, I am requesting any records you may have regarding any evidence of Underground Storage Tanks (UST), permits, building plans, or any other environmental pertinent information you may have. I am requesting all available information for all available dates.

Please forward my email on to any departments deemed appropriate to fulfill this request.

Thank you for your time,  
Alayna Nieman

Alayna Nieman, Staff Environmental Scientist

**Kane Environmental, Inc. | Environmental Issues. Business Solutions.**

Headquarters 3815 Woodland Park Avenue North, Suite 102, Seattle, WA 98103

Tel 206-691-0476 ext. 8 Direct 206-673-5713 Toll Free 1-844-529-KANE

[alayna@kane-environmental.com](mailto:alayna@kane-environmental.com) [www.kane-environmental.com](http://www.kane-environmental.com)

Seattle, WA | Portland, OR | San Francisco, CA | Nationwide Services



# SNOHOMISH CO. **FIRE DISTRICT**



Serving Brier, Edmonds  
Mountlake Terrace, and  
the Town of Woodway  
www.FireDistrict1.org

12425 Meridian Ave S.  
Everett, WA 98208  
Phone (425) 551-1200  
Fax (425) 551-1272

## **FIRE PREVENTION INSPECTION REPORT**

- ☐ EDMONDS
- ☐ BRIER
- ☐ WOODWAY
- ☐ MOUNTLAKE TERRACE
- ☐ UNINCORPORATED

LOCATION: 23107 100th Ave W

1

BUSINESS NAME: Edward Jones

PHONE: 4257781210

MAILING ADDRESS: 23107 100th Ave W  
Edmonds

98020

BUSINESS OWNER: Searles, Jude

HOME PHONE: 4258700111

ACTIVE

EMERGENCY-1: PropMgr/Peggy Nordwall  
KEY ACCESS-2:

HOME PHONE: 2068190738  
HOME PHONE:

FREQUENCY <b>731</b>	STATION & SHIFT <b>20</b> <i>C</i>
SCHEDULED DATE DUE <b>02/01/13</b>	
UFIR <b>591</b>	<b>2 54</b>

CURRENT CITY BUSINESS LICENSE	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	INITIAL INSPECTION DATE <b>7-22-12</b>	

PERSON CONTACTED: Marrillee  
NAME OF INSPECTOR: Ness 9304

FIRE SYSTEMS:

FE 215  
ANNUAL

### HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	<u>None</u>	1
2		2
3		3
4		4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:		DATE:		DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:		DATE:		PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:		DATE:		INSPECTOR:		3	
DATE:		DATE:		PRE-CITATION LETTER SENT		CITATION ISSUED		4	
1 5		1 5		DATE:		CODE SECTION:		5	
2 6		2 6		RETURN RECEIPT RECEIVED		DISPOSITION:		6	
3 7		3 7		DATE:				7	
4 8		4 8						8	
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

FIRE DEPARTMENT COPY



SNOHOMISH CO.

# FIRE DISTRICT



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## FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS  
☐ BRIER  
☐ WOODWAY  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100th Ave W

5

BUSINESS NAME: Sanctuary Psychological Services

PHONE: 4257748049

MAILING ADDRESS: 23107 100th Ave W #5  
Edmonds

98026

BUSINESS OWNER: Groen-Colyn, Sarah

HOME PHONE: 2065500783

EMERGENCY-1: Nordwall Properties LLC  
KEY ACCESS-2:

HOME PHONE: 2065463263  
HOME PHONE:

FREQUENCY  
730

STATION & SHIFT  
20 *4*

SCHEDULED  
DATE DUE: 02/01/13

UFIR: 593 2 054

CURRENT  
CITY  
BUSINESS  
LICENSE

YES

NO



PERSON CONTACTED: SUSANNE THIELMAN

NAME OF INSPECTOR: CRETELLA

INITIAL INSPECTION DATE

07/22/13

FIRE  
SYSTEMS:

FE 1  
ANNUAL

### HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	PLEASE POST AN EVACUATION PLAN.	1
2	GET COMMERCIAL FIRE EXTINGUISHERS	2
3		3
4	10-3-13 Attempted Contact - no one there. 10-8-13 left msg	4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS ☒

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:		DATE:		DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:		DATE:		PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:		DATE:		INSPECTOR:		3	
DATE:		DATE:		PRE-CITATION LETTER SENT		CITATION ISSUED		4	
VIOLATIONS		VIOLATIONS		DATE:		CODE SECTION:		5	
1	5	1	5	RETURN RECEIPT RECEIVED		DISPOSITION:		6	
2	6	2	6	DATE:				7	
3	7	3	7					8	
4	8	4	8						
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

FIRE DEPARTMENT COPY

SNOHOMISH CO.

# FIRE DISTRICT



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Mountlake Terrace, and  
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Fax (425) 551-1272

## FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS  
☐ BRIER  
☐ WOODWAY  
☐ MOUNTLAKE TERRACE  
☐ UNINCORPORATED

LOCATION: 23107 100th Ave W

BUSINESS NAME: Genwest Systems, Inc.

PHONE: 4257712700

MAILING ADDRESS: Same as above

BUSINESS OWNER: Murphy, John

HOME PHONE: 2065427926

EMERGENCY-1: Hanson, Renn

HOME PHONE: 4256730318

KEY ACCESS-2: Hielscher, Al

HOME PHONE: 2065464984

FREQUENCY  
730

STATION & SHIFT  
20 C

SCHEDULED  
DATE DUE ▶ 02/01/13

UFIR ▶ 591 2 053

CURRENT  
CITY  
BUSINESS  
LICENSE

YES

NO

☐
☒

INITIAL INSPECTION DATE

7-22-13

PERSON CONTACTED:

NAME OF INSPECTOR: Neg

FIRE  
SYSTEMS:

FE 1  
ANNUAL

### HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1

Vacant

1

2

2

3

3

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4

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6

6

7

7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:				DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:				PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:				INSPECTOR:		3	
DATE:		DATE:				DATE:		4	
VIOLATIONS		VIOLATIONS		PRE-CITATION LETTER SENT		CITATION ISSUED		5	
1	5	1	5	DATE:		CODE SECTION:		6	
2	6	2	6	RETURN RECEIPT RECEIVED		DISPOSITION:		7	
3	7	3	7	DATE:				8	
4	8	4	8						
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

FIRE DEPARTMENT COPY



# CITY OF EDMONDS

121 5TH AVENUE N. • EDMONDS, WASHINGTON 98020 • (425) 771-0215

## FIRE DEPARTMENT

## FIRE PREVENTION SAFETY SURVEY

LOCATION: 23107 100th Ave W

1

BUSINESS NAME: Edward Jones

PHONE: 4257781210

MAILING ADDRESS: 23107 100th Ave W  
Edmonds

98020

BUSINESS OWNER: Searles, Jude

HOME PHONE: 4258700111

ACTIVE

EMERGENCY-1: PropMgr/Peggy Nordwall  
KEY ACCESS-2:

HOME PHONE: 2068190738

HOME PHONE:

FREQUENCY 731	STATION & SHIFT 20 C
SCHEDULED DATE DUE ▶	02/01/11
UFIR ▶ 591	2 54

PERSON CONTACTED: Kendra

NAME OF INSPECTOR: Ness 9501

INITIAL INSPECTION DATE

6-17-11

FIRE  
SYSTEMS:

FE 1/11  
ANNUAL

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

ENTER CODE ONLY ONCE ▶

VIOLATION CODE

1

NONE

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

### 1st RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1	5
2	6
3	7
4	8

LETTER NEEDED ☐ YES ☐ NO

### 2nd RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1	5
2	6
3	7 <sup>th</sup>
4	8

LETTER NEEDED ☐ YES ☐ NO

EXTENSION  
GRANTED TO:

DATE:

DATE:

PRE-CITATION  
LETTER SENT

DATE:

RETURN RECEIPT  
RECEIVED

DATE:

### FINAL RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

CITATION ISSUED

NUMBER:

CODE  
SECTION:

DISPOSITION:

VIOLATIONS  
CITED:

1

2

3

4

5

6

7

8

FIRE DEPARTMENT COPY



# CITY OF EDMONDS

121 5TH AVENUE N. • EDMONDS, WASHINGTON 98020 • (425) 771-0215

## FIRE DEPARTMENT

## FIRE PREVENTION SAFETY SURVEY

LOCATION: 23107 100th Ave W

BUSINESS NAME: Westgate Travel

PHONE: 4257757471

MAILING ADDRESS: 23107 100th Ave W  
Edmonds 98020

BUSINESS OWNER: Jones, Gary

HOME PHONE: 4257780219

ACTIVE

EMERGENCY-1: Cherrington, Julie

HOME PHONE: 2065463457

KEY ACCESS-2:

HOME PHONE:

425-772-3457

PERSON CONTACTED: LISA SNOW

NAME OF INSPECTOR: CAROL LINDLEY

INITIAL INSPECTION DATE

2/1

FIRE  
SYSTEMS:

FE 02/11  
ANNUAL

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

ENTER CODE ONLY ONCE ▶

VIOLATION CODE

1

1

2

2

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8

8

NOTHING FOUND

### 1st RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

### 2nd RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1 5

2 6

3 7

4 8

LETTER NEEDED ☐ YES ☐ NO

### EXTENSION GRANTED TO:

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

PRE-CITATION  
LETTER SENT

NUMBER:

CODE  
SECTION:

RETURN RECEIPT  
RECEIVED

DISPOSITION:

DATE:

### FINAL RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

CITATION ISSUED

NUMBER:

CODE  
SECTION:

DISPOSITION:

DATE:

### VIOLATIONS CITED:

1

2

3

4

5

6

7

8

FIRE DEPARTMENT COPY



# CITY OF EDMONDS

121 5TH AVENUE N. • EDMONDS, WASHINGTON 98020 • (425) 771-0215

## FIRE DEPARTMENT

## FIRE PREVENTION SAFETY SURVEY

LOCATION: 23107 100th Ave W

BUSINESS NAME: Genwest Systems, Inc.

PHONE: 4257712700

MAILING ADDRESS: Same as above

BUSINESS OWNER: Murphy, John

HOME PHONE: 2065427926

EMERGENCY-1: Hanson, Renn

HOME PHONE: 4256730318

KEY ACCESS-2: Hielscher, Al

HOME PHONE: 2065464984

FREQUENCY 730	STATION & SHIFT 20 A
SCHEDULED DATE DUE ▶	02/01/11
UFIR ▶ 591	2 053

PERSON CONTACTED: Ø

INITIAL INSPECTION DATE

NAME OF INSPECTOR:

KUHN, JOHNSTON, WELCH

3-25-11

FIRE  
SYSTEMS:

FE 1  
ANNUAL

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

ENTER CODE ONLY ONCE ▶

VIOLATION CODE

1 BUSINESS HAS MOVED (VACANT)

1

2

2

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8

### 1st RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1	5
2	6
3	7
4	8

LETTER NEEDED ☐ YES ☐ NO

### 2nd RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

VIOLATIONS

1	5
2	6
3	7
4	8

LETTER NEEDED ☐ YES ☐ NO

EXTENSION  
GRANTED TO:

### FINAL RE-INSPECTION

DATE DUE:

PERSON  
CONTACTED:

INSPECTOR:

DATE:

PRE-CITATION  
LETTER SENT

CITATION ISSUED

DATE:

RETURN RECEIPT  
RECEIVED

NUMBER:  
CODE  
SECTION:

DISPOSITION:

DATE:

VIOLATIONS  
CITED:

1

2

3

4

5

6

7

8

FIRE DEPARTMENT COPY



593 000 028 054

CITY OF EDMONDS

**BUSINESS LICENSE APPLICATION- COMMERCIAL**

**FEE: \$125.00**

CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION  
121 5<sup>TH</sup> AVENUE NORTH, EDMONDS, WA 98020 PHONE: 425.775.2525

Eng  
BLDG  
ECON DEV  
FIRE  
MAYOR  
PLAN  
POLICE  
UTIL BILL

OFFICE USE ONLY										
BL#	Customer#	SIC	Year	Class	SHD	Date Paid	TR#	Fee Paid	Mailed	Delete
	00215360	8099	2010	B		2-17-10	17159	125		

**INSTRUCTIONS:** Please complete the application in full and attach the required floor plan. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes.

BUSINESS NAME SANCTUARY PSYCHOLOGICAL SERVICES

BUSINESS ADDRESS 23107 100<sup>th</sup> Ave W Ste 5 98020-5062  
Street Suite No. Zip Code

MAILING ADDRESS 23107 100<sup>th</sup> Ave W Ste 5 Edmonds WA 98020-5062  
Street or PO Box Suite No. City, State and Zip Code

BUSINESS PHONE NO. (425) 774-8049 WA STATE TAX ID NO. (UBI NO.) 602-928-253

BUSINESS E-MAIL sarah@sanctuarypsychological.com BUSINESS WEBSITE www.sanctuarypsychological.com

PROPERTY OWNER Nordwall, Peggy Nordwall Properties LLC (206) 546-3263  
Name Phone Number

**EMERGENCY NOTIFICATION (For Premise Access in Emergency):**

<u>Nordwall</u> Last Name	<u>Peggy</u> First Name	MI	<u>(206) 819-0738</u> Phone No.
<u>Groen-Colyn</u> Last Name	<u>Sarah</u> First Name	M	<u>(206) 550 0783</u> Phone No.

NATURE OF BUSINESS provision of mental health services and related services including psychotherapy, seminars, and retreats.

NUMBER OF EMPLOYEES 3 SQUARE FOOTAGE OF BUSINESS SPACE 1700

**TYPE OF BUSINESS - PLEASE CHECK THE APPROPRIATE CATEGORY:**

☐ CONSTRUCTION ☐ FINANCE, INSURANCE, REAL ESTATE ☐ LANDSCAPE, HORTICULTURAL ☐ MANUFACTURING ☐ NON-PROFIT  
☐ RETAIL ☐ SECONDHAND DEALER ☒ SERVICES ☐ WHOLESALE ☐ OTHER

AMUSEMENT DEVICES ON PREMISES? ☐ YES ☒ NO IF YES, TOTAL NUMBER

LIQUOR SOLD ON PREMISES? ☐ YES ☒ NO GAMBLING? ☐ YES ☐ NO CIGARETTES SOLD ON PREMISES? ☐ YES ☐ NO

FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED?: ☐ YES ☒ NO IF YES, PLEASE PROVIDE LIST OF MATERIALS AND QUANTITIES:

PROPOSED OPENING DAY OF BUSINESS April 10 BUSINESS HOURS M-F 8am - 9pm S 8-4

DAYS OPEN ☐ SUNDAY ☒ MONDAY ☒ TUESDAY ☒ WEDNESDAY ☒ THURSDAY ☒ FRIDAY ☒ SATURDAY

PARKING SPACES ON SITE: TOTAL ~32 ACCESSIBLE FOR PERSONS WITH DISABILITIES yes

DOES THE BUSINESS CONTAIN AN ENTRANCE ACCESSIBLE TO PERSONS WITH DISABILITIES? ☒ YES ☐ NO

PREVIOUS BUSINESS USE AT THIS ADDRESS ? countrywide financial?

**SOLE PROPRIETORSHIP**

NAME \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_  
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. ( ) \_\_\_\_\_ DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY AND STATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

**PARTNERSHIP - PARTNER 1**

NAME \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_  
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. ( ) \_\_\_\_\_ DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY AND STATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

**PARTNERSHIP - PARTNER 2**

NAME \_\_\_\_\_  
Last First MI

ADDRESS \_\_\_\_\_  
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. ( ) \_\_\_\_\_ DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY AND STATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

**CORPORATION**

NAME OF CORPORATION SANCTUARY PSYCHOLOGICAL SERVICES, PS FEDERAL TAX ID NO. 27-0249882

CORP. ADDRESS 2310 7 100<sup>th</sup> ave W 5 Edmonds, WA 98020-5062 PHONE NO. (425) 774-8049  
Street Suite, Apt., Unit No. City, State and Zip Code

CORPORATE OFFICERS:

<small>Last Name</small>	<small>First Name</small>	<small>MI</small>	<small>Title</small>	<small>Date of Birth</small>	<small>DOL No. (Drivers License No.) or Other ID No.</small>
<u>GROEN-COLYN</u>	<u>SARAH</u>	<u>M</u>	<u>PRESIDENT</u>	<u>6/24/1970</u>	<u>WA GROENSM30444</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LOCAL CONTACT same (206) 550-0783  
Last Name First Name MI Title Phone No. DOL No. (Drivers Lic. No.) or Other ID No.

APPLICANT Sarah Groen-Colyn Sarah Groen-Colyn President 2/15/2010  
Name - Printed Signature Title Date

**CITY USE ONLY:**

PLANNING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ZONING CODE \_\_\_\_\_ CONDITIONAL USE PERMIT \_\_\_\_\_

COMMENTS \_\_\_\_\_

BUILDING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

OCCUPANT LOAD \_\_\_\_\_ BUILDING PERMIT \_\_\_\_\_ OCCUPANCY GROUP \_\_\_\_\_

COMMENTS \_\_\_\_\_

FIRE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

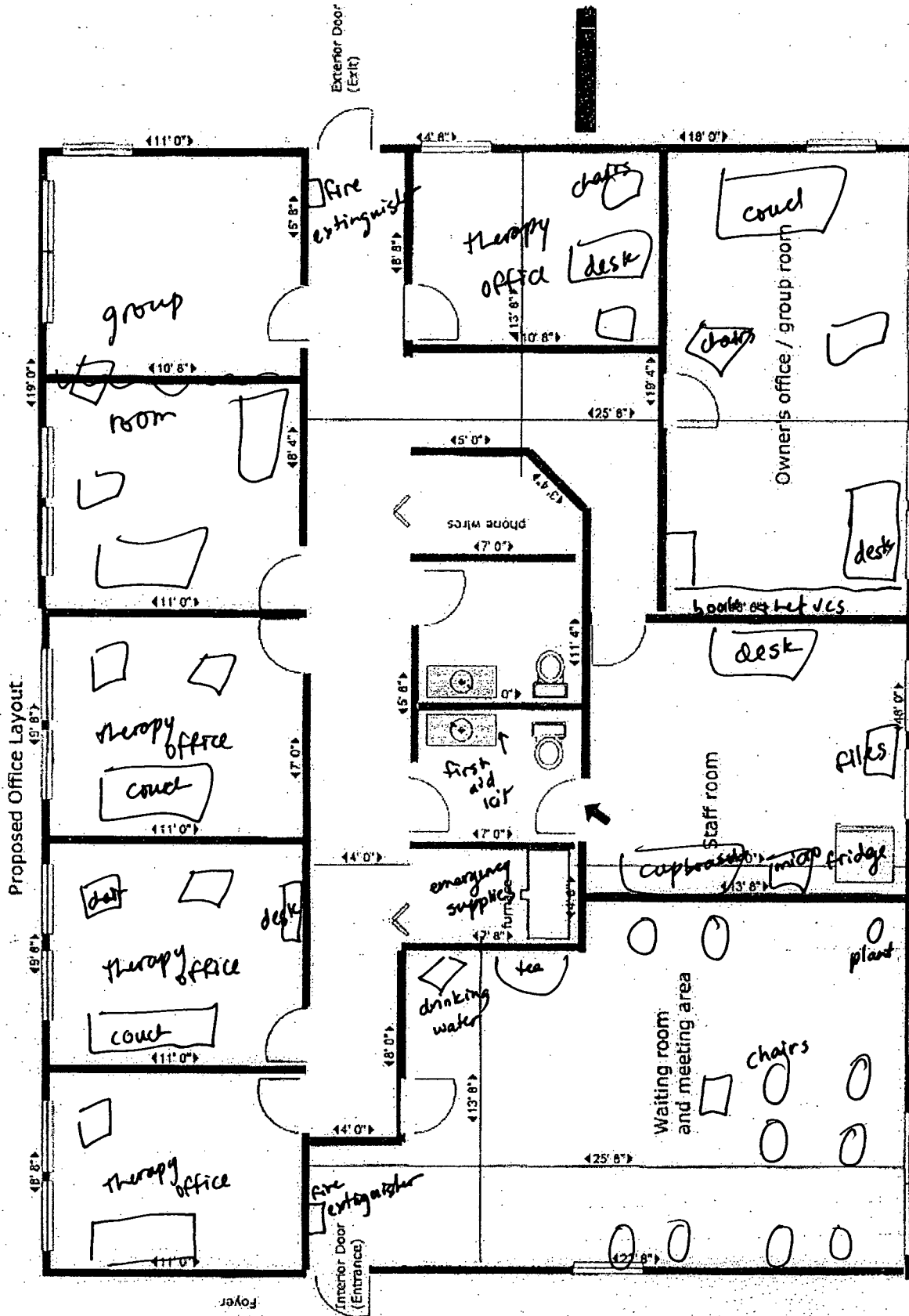
U.F.I.R. \_\_\_\_\_

COMMENTS \_\_\_\_\_

POLICE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

COMMENTS \_\_\_\_\_

# EXHIBIT A



56