



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

SDCI Project Number

3018378-LU

Statement of Financial Responsibility/ Agent Authorization

Project Address	5201 Rainier Ave S
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NAME AND ADDRESS OF FINANCIALLY RESPONSIBLE PARTY (Required)

A. Name of Individual or Entity <i>(Company, Partnership, etc.)</i> Assuming Financial Responsibility	5201 Rainier LLC
B. Name of Individual Signing on Behalf of an Entity <i>(Company, Partnership, etc.)</i>	Natalie Gualy
C. Financially Responsible Party Relationship to Property	<input checked="" type="checkbox"/> Property Owner <input type="checkbox"/> Property Lessee <input type="checkbox"/> Property Contract Purchaser <input type="checkbox"/> Public Agency <input type="checkbox"/> Service Requestor <small>(check only if request does not directly relate to the development of real property i.e. request for interpretation, legal building site letter)</small>
D. Mailing Address <i>(of individual signing statement)</i>	520 S. King St., Seattle, WA 98104
E. Telephone <i>(of individual signing statement)</i>	206-280-9528
F. Email <i>(of individual signing statement)</i>	natalie@eaglerockventures.com

Individual Declaration of Financial Responsibility *(must match the individual's name listed in "A" above)*

I _____ (printed name) declare that I am the _____ (relationship to project or service request) and that I am responsible for payment of all fees associated with this project or other request to SDCI requiring payment of fees, 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.

Signature Date

Entity Declaration of Financial Responsibility (must match the individual name in "B" above and have authority to bind entity named in "A" above)

I, Natalie Gualy (printed name) declare that in my capacity as Project Manager (position within entity - ie manager, CFO, etc) for 5201 Rainier LLC (financially responsible entity named in "A" above) I have the authority to bind the Financially Responsible party named above to payment of all fees associated with this project or other request to SDCl requiring payment of fees, 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.

DocuSigned by:
Natalie Gualy
C95E245FB22D42E...

1/14/2026

Signature

Date

AGENT AUTHORIZATION (Optional):

I hereby authorize the individual named below to act as the primary contact (aka primary applicant) for this project. This individual is not responsible for the payment of fees.

Primary Applicant Name: Jared Pechauer

Primary Applicant Phone: 206.430.5804

Primary Applicant Email: pechauer@cone-arch.com

Primary Applicant Address: 1319 N 49th St, Seattle, WA 98103