Master Land Use Application



City of La Center, Planning Services 210 E 4th Street La Center, WA 98629 www.ci.lacenter.wa.us

Ph. 360.263.7665 Fax: 360.263.7666

www.ci.lacenter.wa.us

Property Information

Site Address 318 OLD PACIFIC HWY, LA CENTER, WA 98629
Legal Description LACENTER S1/2 BLK 15
Assessor's Serial Number 63356000
Lot Size (square feet) 56,679 SF
Zoning/Comprehensive Plan Designation RESIDENTIAL/PROFESSIONAL - DOWNTOWN COMMERCIAL
Existing Use of Site GROUP A-2 / CASINO
Contact Information
APPLICANT:
Contact Name PAT HOSIER
Company TIL GAMING AND FORTUNE CASINOS
Phone 206-300-3439 Email pat.hosier@tilgaming.com
Complete Address 3650 EAST VALLEY ROAD, RENTON, WA 98057 Signature tax
(Original Signature Required)
APPLICANT'S REPRESENTATIVE:
Contact Name AMIR MAYER
Company CB ANDERSON ARCHITECTS
Phone 206-782-2911 Email amir@cba-arch.com
Complete Address 7209 GREENWOOD AVE N, SEATTLE, WA 98103
Complete Address 7209 GREENWOOD AVE N, SEATTLE, WA 98103 Signature A. May
Complete Address 7209 GREENWOOD AVE N, SEATTLE, WA 98103 Signature (Original Signature Required)
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Complete Address 7209 GREENWOOD AVE N, SEATTLE, WA 98103 Signature (Original Signature Required) PROPERTY OWNER: Contact Name DAVID HILL
Complete Address 7209 GREENWOOD AVE N, SEATTLE, WA 98103 Signature (Original Signature Required) PROPERTY OWNER: Contact Name DAVID HILL Company TIS LOQ 318 LLC Phone 206-841-2202 Email david.hill@tilgaming.com
Complete Address 7209 GREENWOOD AVE N, SEATTLE, WA 98103 Signature (Original Signature Required) PROPERTY OWNER: Contact Name DAVID HILL Company TIS LOQ 318 LLC

Development Proposal Project Name Type(s) of Application Type I land use application per LCMC 18.215.040(1)(a). Previous Project Name and File Number(s), if known <u>C98C0126</u> Pre-Application Conference Date and File Number Description of Proposal Ground floor, one-story addition to the existing casino, as well as extending the kitchen, and reconstructing the liquor and sushi bars. Office Use Only Fees: \$_____ File # _____ Date Paid: Received By _____ Receipt # _____ Date Received: Procedure: Type I Type II ☐ Type III ☐ Type IV