



Land Use Review Application

File Number: 14-117884

FOR INTAKE, STAFF USE ONLY

Date Rec 2/18/14 by smm

Qtr Sec Map(s) 3430 Zoning CXdg

Type I Type Ix Type II Type Iix Type III Type IV

Plan District CC/S. WATERFRONT

LU Reviews DZM

Neighborhood S. PORTLAND

[Y] [N] Unincorporated MC

District Coalition SWVI

[Y] [N] Flood Hazard Area (LD & PD only)

Business Assoc S. PORTLAND

[Y] [N] Potential Landslide Hazard Area (LD & PD only)

Related File # EA 13-13977 PC EA 13-151841 PAR EA 14-115444 ADPT

APPLICANT: Complete all sections below that apply to the proposal. Please print legibly.

Development Site Address or Location 3700 SW River Parkway, SOWA

Cross Street SW Gaines, SW Lane Sq. ft./Acreage 72,749 SF

Site tax account number(s)

R 562916 R R

R 882450650 R R

Adjacent property (in same ownership) tax account number(s)

R 562917 R 882450700 R

Describe project (attach additional page if necessary)

Block 37 is a 5 over 1 building with one level of below grade parking. The ground level us Type 1A construction mixed-use with retail, residential lobby, apartments, parking and loading. Levels 2-6 are Type IIIA construction residential apartments. TApproximately 226 parking spaces will be provided for the apartment residents. FAR = 3.73:1. Building Height = 75 feet. Total building area = 325,947 GSF. Total units = 278

Describe proposed stormwater disposal methods

On-site filtration via vegetated planters prior to discharge.

Identify requested land use reviews

Type III Design Review

For renovation, provide exterior alteration value. AND provide total project valuation.

\$36,000,000 \$

Land Divisions - Identify number of lots (include lots for existing development).

New street (public or private)?

yes no

continued / over 1

Applicant Information

• Identify the primary contact person, applicant, property owner and contract purchaser. Include any person that has an interest in your property or anyone you want to be notified.
 • For all reviews, the applicant must sign the Responsibility Statement.
 • For land divisions, all property owners must sign the application.

PRIMARY CONTACT, check all that apply Applicant Owner Other

Name Katherine Schultz Signature _____

Company/Organization GBD Architects

Mailing Address 1120 NW Couch Street, Suite 300

City Portland State Oregon Zip Code 97209

Day Phone (503) 224-9656 FAX (503) 299-6273 email katherine@gbdarchitects.com

Check all that apply Applicant Owner Other

Name Dayna Dealy Signature _____

Company/Organization MackUrban

Mailing Address 1411 Fourth Avenue, Suite 500

City Seattle State WA Zip Code 98101

Day Phone (206) 753-2422 FAX _____ email ddaly@mackurban.com

Check all that apply Applicant Owner Other

Name _____ Signature _____

Company/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ FAX _____ email _____

Check all that apply Applicant Owner Other

Name _____ Signature _____

Company/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ FAX _____ email _____

Print name of person submitting this application Katherine Schultz

Signature *Katherine Schultz*

Phone number (503) 224-9656 Date February 14, 2014