



Notice of Application

(Type 1)

King County

Permitting Division

Department of Local Services
35030 SE Douglas Street, Suite 210
Snoqualmie, WA 98065-9266
206-296-6600 TTY Relay: 711
www.kingcounty.gov/permits

Project Name: Dish @ SESEA00436A Antenna Modification		File No.: ELEC21-0155
Applicant:	Lynx Consulting 7311 135th Ave NE A100 Woodinville WA 98072	DPER Project Manager: Warren Claus Phone No.: 206-263-3377 E-Mail: wclauss@kingcounty.gov
Date Application Filed: November 30, 2021		
Date of Mailing: May 17, 2022		
End of Public Notice Comment Period: June 10, 2022		
Project Location: 13323 409 th Ave SE, North Bend, WA 98045 (Parcel # 1623089100)		
Project Description: Remove existing antennas and mounts at 135 feet on the existing communication tower and install a 13' tower extension, new antennas, and ancillary equipment within the existing compound footprint.		
Permit requested in this application: Commercial Building Permit (Record # ELEC21-0155)		
Environmental review is required and relevant environmental documents are available on-line at www.kingcounty.gov/permits , or at the above address.		
Consistency with applicable County plans and regulations: This proposal will be reviewed for compliance with all applicable King County codes including Roads Standards, Surface Water Design Manual, Zoning, Grading and Critical Areas Codes.		
Other permits not included in this application, known at this time: None		

King County Code requires notification of property owners within at least 500 feet of the project proposed above, so they can obtain additional information about the proposal and comment if they wish (KCC 20.20).

Any person wishing additional information on this proposed project should contact the DLS Project Manager at the telephone number or e-mail listed above. You may review the application in our Snoqualmie office or at www.kingcounty.gov/permits/.

NOTE: To request this information in alternative formats for people with disabilities please call 206-296-6600 or TTY Relay: 711.

If you wish to receive a copy of the Notice of Decision on this application, complete and return the portion below to the Department of Local Services at the address listed above.

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Please send me notification of any official notices concerning this application. **(Please print)**

File No.: _____

Name: _____ Phone No.: _____

Email Address: _____

Mailing Address (optional): _____

Note: Notifications will be sent via Email unless mail is requested