

City of
Spokane

Planning Services
Department



General Application

Z16-367WP3

DESCRIPTION OF PROPOSAL:

A conditional use permit for a 5 Home (80 Bed) Residential - Assisted Living Community

ADDRESS OF SITE OF PROPOSAL: (if not assigned yet, obtain address from Public Works before submitting application)

4515 S. Freya Street

APPLICANT:

Name: Valeri Zaharie-Glauser

Address: 5743 E. Shoreline Drive, Post Falls, Idaho

Phone (home):

Phone (work): (208) 964-1664

Email address: valeriglauser98@yahoo.com

PROPERTY OWNER:

Name: Health Poconos, Inc.

Address: 111 W. Michigan Street, Milwaukee, WI 53203

Phone (home):

Phone (work): (614) 923-3672

Email address:

AGENT:

Name:

Address:

Phone (home):

Phone (work):

Email address:

ASSESSOR'S PARCEL NUMBERS:

34031.0007

LEGAL DESCRIPTION OF SITE:

see attached

SIZE OF PROPERTY:

4.87 acres

LIST SPECIFIC PERMITS REQUESTED IN THIS APPLICATION:

Conditional Use Permit for Group Living