

## **General** Application

Rev.20240311E

## **Description of Proposal**

Summit Behavioral Healthcare, LLC requests a conditional use permit from the City to to convert the existing 12 bed hospice facility approved by the City of Spokane in 2010 under Z2009-53-CUP3 into a 36-bed inpatient residential substance use disorder treatment facility.

Address of Site Proposal (if not yet assigned, obtain address from Developme	ent Services Center [509-625-6300] before submitting application):
102 W. Rhoades Ave., Spokane, WA 99208	
Applicant	
Name: Summit Behavioral Healthcare, LLC	
Address: 501 Corporate Centre Dr., Suite 600, Franklin, TN 37067	
Phone: 877-463-3553	Email: spokanelanduseapplication@summitbhc.com
Property Owner	
Name: Hospice of Spokane	
Address: 121 S. Arthur St., Spokane, WA 99208 99202	
Phone: 509-954-2669	Email: gdrummond@hospiceofspokane.org
Agent	
Name: Nathan G. Smith, Kutak Rock LLP	
Address: 510 W. Riverside Ave., Suite 800, Spokane, WA 99201	
Phone: <u>509-747-4040</u>	Email: nathan.smith@kutakrock.com

2	General Application
Assessor's Parcel Numbers: 36301.011	
Legal Description of Site: See Exhibit"A" attached	hereto.
Size of Property: 103,339 square feet / 2.37 acres	
List Specific Permits Requested in this Application	
Conditional Use Permit	
Submitted By:	
Andy Hanner, Summit Behavioral Healthcare, LLC	
LI Applicant Li Foporti	erty Purchaser Agent
if the applicant is not the property-owner, the ow	ve, hearing examiner, landmarks commission or plan commission), oner must provide the following acknowledgement: of the above-described property, do hereby authorize ent me and my interests in all matters regarding this application.
Acknowledgment	
STATE OF WASHINGTON ) ss.	
On this day of, 2 the State of Washington, duly commissioned and to me known to be the individual that executed to be free and his/her free and voluntary act and	to 74., before me, the undersigned, a Notary Public in and for description, before me, the undersigned, a Notary Public in and for description, before me, the foregoing instrument and acknowledged the said instrument deced, for the uses and purposes therein mentioned.
Witness my hand and official seal hereto affixed	I the day and year first above written.
NOUR AIOUB Notary Public State of Washington Commission # 23021532 My Comm. Expires Feb 25, 2027	Notary Public in and for the State of Washington, residing at