



**CITY OF WOODINVILLE
HEARING EXAMINER
SIGN-IN SHEET**

EXHIBIT 7
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**Crossfit Nine Conditional Use Permit
Project File # CUP13002/SEP13003**

Open Record Hearing

Re: A conditional use permit to operate sports club/specialized instruction school in the Industrial zone. This use will be reviewed at a maximum of up to 10,000 square feet, within any buildings located on the same property. SEPA is required for a Conditional Use Permit. This same applicant/business obtained a conditional use permit for a different suite within the same complex in 2011. That application is available for review at City Hall under File Number CUP1100/SEP11008.

DATE & TIME: March 18, 2013 11:00 A.M.

When you are recognized by the Hearing Examiner, please come forward to the podium and state your name and address. Hearing Examiner meetings are audio taped, so for recording purposes, please speak clearly.

Please print your name and give your current mailing address, including zip code, and indicate by checking in the appropriate box if you wish to testify.

Please make sure all information is readable

		Do you wish to Testify?
1.	Name: Daniel Aronsson	
	Mailing address: 16130 Woodinville - Redmond Rd NE # 1 Woodinville WA 98072	
2.	Name:	
	Mailing address:	
3.	Name:	
	Mailing address:	
4.	Name:	
	Mailing address:	

		Do you wish to Testify?
5.	Name:	
	Mailing address:	
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12.	Name:	
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