



## WASHINGTON STATE Joint Aquatic Resources Permit Application (JARPA) [help]

## Attachment A: For additional property owner(s) [help]

	AGENCY USE ONLY
Date	e received:
Age	ncy reference #:
_	Parcel #(s):
	TO BE COMPLETED BY APPLICANT [heip]
Pro	ject Name:
T	ation Name (if applicable):

Use this attachment <u>only</u> if you have more than one property owner. Complete <u>one</u> attachment for <u>each</u> additional property owner impacted by the project.

Signatures of property owners are not needed for repair or maintenance activities on existing rights-of-way or easements.

Use black or blue ink to enter answers in white spaces below.					
1. Name (Last, First, Middle) and Organization (if applicable)					
2. Mailing Address (Street or PO Box)					
3. City, State, Zip					
<b>4.</b> Phone (1)	<b>5.</b> Phone (2)	<b>6.</b> Fax	7. E-mail		
Address or tax parcel number of property you own:					
Signature of Property Owner					
I consent to the permitting agencies entering the property where the project is located to inspect the project site or any work. These inspections shall occur at reasonable times and, if practical, with prior notice to the landowner.					
Printed Name		Signature	Signature		

If you require this document in another format, contact the Governor's Office for Regulatory Innovation and Assistance (ORIA) at (800) 917-0043. People with hearing loss can call 711 for Washington Relay Service. People with a speech disability can call (877) 833-6341. ORIA publication number: ORIA-16-012 rev. 10/2016