



WASHINGTON STATE

Aquatic Protection Permitting System (APPS)

AGENCY USE ONLY

Date received:

APPS ID #:

Attachment for Additional Property Owners

Use this attachment only if you have more than one property owner. Complete one attachment for each additional property owner impacted by the project. Upload completed form(s) in APPS or mail to the WDFW address provided by APPS during your application process.

My project occurs on public lands (Complete only items #1 and #2 below).

1. APP ID# (See APPS application receipt)			
2. Business or Government Agency Name (if applicable)			
3. First Name	4. Middle Name	5. Last Name	
6. Address 1			
7. Address 2			
8. City	9. State	10. Zip	
11. Primary Phone	12. Ext.	13. Mobile Phone	14. FAX
()		()	()
15. E-mail			
16. Signature of Property Owner			
I consent to Washington Department of Fish and Wildlife staff entering the property where the project is located to inspect the project site or any work related to the project.			
Printed Name		Signature	
Date Signed:			