

Attachment A

Property Owners Signature Pages





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



US Army Corps
of Engineers
Seattle District

AGENCY USE ONLY

Date received: _____

Agency reference #: _____

Tax Parcel #(s): _____

TO BE COMPLETED BY APPLICANT [\[help\]](#)

Project Name: _____

Location Name (if applicable): _____

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

Use this attachment only if you have more than one property owner.
Complete one attachment for each 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)			
Olympic View Dairy, LLC			
2. Mailing Address (Street or PO Box)			
83 Willis Rd.			
3. City, State, Zip			
Montesano, WA		98563	
4. Phone (1)	5. Phone (2)	6. Fax	7. E-mail
360-581-4608	360-580-12530	N/A	olyviewdairy@CENTURYTEL.NET
Address or tax parcel number of property you own:			
170607220010			
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.			
OLYMPIC VIEW DAIRY, LLC		Olympic View Dairy, LLC	
By TERRY L. WILLIS, MEMBER		By Terry L. Willis, Member	
Printed Name		Signature	
		7-29-2021	

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



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1. Name (Last, First, Middle) and Organization (if applicable)			
CHAPMAN, BARBARA J.			
2. Mailing Address (Street or PO Box)			
239 BRADY LOOP RD E			
3. City, State, Zip			
MONTESANO WA 98563			
4. Phone (1)	5. Phone (2)	6. Fax	7. E-mail
360 470 8227			barbchapman90@gmail.com
Address or tax parcel number of property you own:			
170701440020 170701440030 170701440040			
Signature of Property Owner <i>Barbara J. Chapman</i>			
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.			
BARBARA J. CHAPMAN		<i>Barbara J. Chapman</i>	
Printed Name		Signature	

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1. Name (Last, First, Middle) and Organization (if applicable)			
Willis, Stephen, Dale			
2. Mailing Address (Street or PO Box)			
16 Willis Rd			
3. City, State, Zip			
Montesano, Wa. 98563			
4. Phone (1)	5. Phone (2)	6. Fax	7. E-mail
360-581-9395			steve_willis@comcast.net
Address or tax parcel number of property you own:			
170712120030			
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.			
Stephen Willis			
Printed Name		Signature	

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Location Name (if applicable):	_____ _____

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1. Name (Last, First, Middle) and Organization (if applicable)			
Contreras Norberto			
2. Mailing Address (Street or PO Box)			
32 Hiram Hall RD			
3. City, State, Zip			
montesano WA 98563			
4. Phone (1)	5. Phone (2)	6. Fax	7. E-mail
(360) 660-0650			
Address or tax parcel number of property you own:			
170701420050			
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.			
Norberto Contreras		Norberto Contreras	
Printed Name		Signature	

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