

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



AGENCY USE ONLY

Date received: _____

Agency reference #: _____

Tax Parcel #(s): _____

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

Project Name: _____

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)

McLeod, Mike, General Manager, DoubleTree by Hilton Spokane City Center

2. Mailing Address (Street or PO Box)

322 North Spokane Falls Court

3. City, State, Zip

Spokane, WA 99201

4. Phone (1)

(509) 744 2306

5. Phone (2)

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6. Fax

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7. E-mail

mike.mcleod@hilton.com

Address or tax parcel number of property you own:

322 North Spokane Falls Court, Spokane, WA 99201 parcel # 35184.0093

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.

Mike McLeod

Printed Name

Mike McLeod

Signature

If you require this document in another format, contact the Governor's Office of Regulatory Assistance (ORA) 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.

