



**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.

<b>1. Name (Last, First, Middle) and Organization (if applicable)</b>			
HOUSE, GLENN			
<b>2. Mailing Address (Street or PO Box)</b>			
PO Box 1033			
<b>3. City, State, Zip</b>			
Clatskanie OR 97016			
<b>4. Phone (1)</b>	<b>5. Phone (2)</b>	<b>6. Fax</b>	<b>7. E-mail</b>
971-813-3936 CELL			
Address or tax parcel number of property you own:			
161008230001 161008230002			
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.			
<u>GLENN HOUSE</u>		<u>Glenn House</u>	
Printed Name		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