



MASTER FACILITIES PLAN APPLICATION

APPLICATION #: _____ RECEIPT #: _____
OFFICE USE ONLY OFFICE USE ONLY

ADDRESS/LOCATION: 9601 Steilacoom Blvd. S.W. Lakewood, WA 98498-7213

ASSESSOR'S TAX PARCEL(S) NUMBER: 0220283026, 0220283027, 0220031007, 0220321022

APPLICANT: (mandatory)

Name: Bob Hubenthal Daytime Phone: 360-902-8168

Mailing Address: 1115 Washington Street SE E-mail: hubenbj@dshs.wa.gov

City/State/Zip: Olympia WA 98504 Fax Number: _____

Signature: [Handwritten Signature]

PROPERTY OWNER 1: (mandatory if different from applicant)

Name: _____ Daytime Phone: _____

Mailing Address: _____ E-mail: _____

City/State/Zip: _____ Signature: _____

PROPERTY OWNER 2: (if more than two property owners attach additional info/signature sheets)

Name: _____ Daytime Phone: _____

Mailing Address: _____ E-mail: _____

City/State/Zip: _____ Signature: _____

We, the above signed property owners certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we are all of the legal owners of the property described above and designate the following party to act as our agent with respect to this application:

AGENT / CONSULTANT / ATTORNEY:

[] Same as applicant above; OR

Name: Eric Ridenour Daytime Phone: 503-222-1917

Mailing Address: 621 SW Columbia Street E-mail: wsh@srgpartnership.com

City/State/Zip: Portland, OR 97201 Fax Number: _____

OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____