

**PUBLIC HEALTH – SEATTLE & KING COUNTY**  
**Black River Environmental Health Services**  
**900 Oakesdale Ave SW**  
**Suite #100**  
**Renton, WA 98057**  
**(206) 296-4932**

**APPLICATION TO CHANGE DESIGNER OF RECORD**

To Be completed by the New Designer of Record

Fee = \$173.00

Site Application Record I.D. Number: \_\_\_\_\_

Parcel Number: 

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Lot Number: \_\_\_\_\_ Block Number \_\_\_\_\_ Division Number \_\_\_\_\_

Site address: \_\_\_\_\_  
(As appears on site application)

Owner's Name \_\_\_\_\_  
(Please Print)

Previous Designer of Record: \_\_\_\_\_ D.O.L. License/Registration # \_\_\_\_\_  
(Please Print) (Not Company name)

New Designer of Record: \_\_\_\_\_ D.O.L. License/Registration # \_\_\_\_\_  
(Please Print) (Not Company name)

Through person field observations of the above site on \_\_\_\_\_, 200\_\_\_\_, I verified that this site meets the criteria of the original approved site design. Based upon this inspection, I accept full responsibility as designer of record for the site referenced above.

Attachments:

A letter from the property owner, stating that he/she is discharging the named designer of record and naming a new designer of record. The letter is to include the address and parcel number of the subject property and the record I.D. number of the subject activity. A copy of this letter has been forwarded to the previous designer of record.

\_\_\_\_\_  
(Designer's Signature) (Date)

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**FOR HEALTH DEPARTMENT USE ONLY**

Application is Complete: \_\_\_\_\_ By: \_\_\_\_\_  
(Date)

Application is incomplete: \_\_\_\_\_ By: \_\_\_\_\_  
Do not enter new Designer (Date)  
of Record

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received
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