C02 Web date: 11/26/2012

King County
Department of Permitting
and Environmental Review
35030 SE Douglas Street, Suite 210
Snoqualmie, Washington 98065-9266
206-296-6600 TTY Relay: 711

www.kingcounty.gov

Certification of Applicant Status

For alternate formats, call 206-296-6600.

Permit Number:		Activity #:
Permit Name:	SR169/WSDOT/Lakeside Transportation	on Facility
FOR INDIVIDUAL	. S:	
I,	the property which is the subject of thi authorized to represent all other owne	(print name), hereby certify that I am s permit. If I am not the sole owner of the property, I rs of the property. My mailing address is:
will receive any re	funds paid. I shall remain the "Applic n writing on the form provided by the	nd as such am <u>financially responsible for all fees and</u> ant" for the duration of this permit unless I <u>transfer my</u> Department of Permitting and Environmental Review
H.	Signature of Applicant	Date Signed
	- (DR -
FOR CORPORAT	TIONS/BUSINESS ASSOCIATIONS:	
business associa property that is the the property, I ce	ne subject of this permit. If this corpor	(print name), hereby certify that I am, a corporation or other State of Washington, which is the sole owner of the ration or business association is not the sole owner of sociation is authorized to represent all other owners of business association is:
Lakeside Indu	stries, Inc.	
PO Box 7016		
such is <u>financially</u> association shall r	t the above named corporation/busin responsible for all fees and will receive	ess association is the "Applicant" for this permit and as re any refunds paid. This corporation/business of this permit unless it transfers its 'applicant' status in itting.
* Loll		November 5, 2018
Si	gnature of Applicant's Agent	Date Signed

^{*}By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

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NOTICE TO APPLICANTS: By law, the Department of Permitting returns all engineering and other plans to the applicant. If, however, you wish to authorize the department to return engineering and other plans directly to the engineer, architect, or other consultant for the limited purpose of making corrections, please designate below: I authorize the Permitting Department to return my plans directly to my consultant(s) for the limited purpose of making corrections as designated on this form. **CONSULTANTS:** Rick Tomkins, PE David Evans and Associates, Inc. 20300 Woodinville Snohomish Road NE, Suite A, Woodinville, WA 98072 (425) 415-2049 rick.tomkins@deainc.com