



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



US Army Corps
of Engineers
Seattle District

AGENCY USE ONLY

Date received: _____; Town
 Application Fee Received; Fee N/A
 New Application; Renewal Application
Type/Prefix #: _____; NaturE Use Code: _____
LM Initials & BP#: _____
RE Assets Finance BP#: _____
New Application Number: _____
Trust(s): _____; County: _____
AQR Plate #(s): _____
Gov Lot #(s): _____
Tax Parcel #(s): _____

Attachment E:
Aquatic Use Authorization on
Department of Natural Resources
(DNR)-managed aquatic lands [\[help\]](#)

Complete this attachment and submit it with the completed JARPA form only if you are applying for an Aquatic Use Authorization with DNR. Call (360) 902-1100 or visit <http://www.dnr.wa.gov/programs-and-services/aquatics/leasing-and-land-transactions> for more information.

- DNR recommends you discuss your proposal with a DNR land manager before applying for regulatory permits. Contact your regional land manager for more information on potential permit and survey requirements. You can find your regional land manager by calling (360) 902-1100 or going to <http://www.dnr.wa.gov/programs-and-services/aquatics/aquatic-districts-and-land-managers-map>. [\[help\]](#)
- The applicant may not begin work on DNR-managed aquatic lands until DNR grants an Aquatic Use Authorization.
- Include a \$25 non-refundable application processing fee, payable to the "Washington Department of Natural Resources." (Contact your Land Manager to determine if and when you are required to pay this fee.) [\[help\]](#)

DNR may reject the application at any time prior to issuing the applicant an Aquatic Use Authorization. [\[help\]](#)

Use black or blue ink to enter answers in white spaces below.

1. Applicant Name (Last, First, Middle)	
2. Project Name (A name for your project that you create. Examples: Smith's Dock or Seabrook Lane Development) [help]	
3. Phone Number and Email	
4. Which of the following applies to Applicant? Check one and, if applicable, attach the written authority – bylaws, power of attorney, etc. [help]	
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company Home State of Registration: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Marital Community (Identify spouse & list email): _____ <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (Please Explain): _____

5. Washington UBI (Unified Business Identifier) number, if applicable: [\[help\]](#)

6. Are you aware of any existing or previously expired Aquatic Use Authorizations at the project location?

Yes No Don't know

If Yes, Authorization number(s): _____

7. Do you intend to sublease the property to someone else?

Yes No

If Yes, contact your Land Manager to discuss subleasing.

8. If fill material was used previously on DNR-managed aquatic lands, describe below the type of fill material and the purpose for using it. [\[help\]](#)

To be completed by DNR and a copy returned to the applicant.

Signature for projects on DNR-managed aquatic lands:

Applicant must obtain the signature of DNR Aquatics District Manager OR Assistant Division Manager if the project is located on DNR-managed aquatic lands.

I, a designated representative of the Dept. of Natural Resources, am aware that the project is being proposed on Dept. of Natural Resources-managed aquatic lands and agree that the applicant or his/her representative may pursue the necessary regulatory permits. My signature does not authorize the use of DNR-managed aquatic lands for this project.

Printed Name

Dept. of Natural Resources
District Manager or Assistant Division Manager

Signature

Dept. of Natural Resources
District Manager or Assistant Division Manager

Date

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 ORIA-16-016 rev. 10/2016