





Legal Description of Site	
Property Tax Account Number(s)	Facility Site Zoning
<input type="checkbox"/> For a facility/activity to be permitted under chapter 173-350 WAC, attach a vicinity plan or map per WAC 173-350-715 (d)	

Required or Existing Permits at the Facility Site				
Type of permit <i>(check box)</i>	Need to Obtain	Existing Permit		
		Regulating Authority	Permit #	Expiration Date
<input type="checkbox"/> Solid waste permit				
<input type="checkbox"/> NPDES permit				
<input type="checkbox"/> Biosolids permit				
<input type="checkbox"/> State waste discharge permit				
<input type="checkbox"/> Conditional use permit				
<input type="checkbox"/> Stormwater permit				
<input type="checkbox"/> Hydraulic permit				
<input type="checkbox"/> DNR Surface mining permit				
<input type="checkbox"/> Flood control permit				
<input type="checkbox"/> Fire permit				
<input type="checkbox"/> Wetlands permit				
<input type="checkbox"/> Air operating permit				
<input type="checkbox"/> DNR Forest Practices				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				
<input type="checkbox"/> Attach evidence of compliance with chapter 197-11 WAC, SEPA rules				

**Check any of the following operations that are currently at the facility site**

- |   |  |
|---|--|
| <input type="checkbox"/> Municipal solid waste landfill per chapter 173-351 WAC<br><input type="checkbox"/> Recycling facility per WAC 173-350-210<br><input type="checkbox"/> Composting per WAC 173-350-220<br><input type="checkbox"/> Land application per WAC 173-350-230<br><input type="checkbox"/> Energy recovery and incineration per WAC 173-350-240<br>Intermediate solid waste handling per WAC 173-350-310<br><input type="checkbox"/> Material recovery facility<br><input type="checkbox"/> Transfer station<br><input type="checkbox"/> Bailing and compaction site<br><input type="checkbox"/> Drop Box<br><input type="checkbox"/> Piles used for storage or treatment per WAC 173-350-320 | <input type="checkbox"/> Surface impoundment per WAC 173-350-330<br><input type="checkbox"/> Tank per WAC 173-350-330<br><input type="checkbox"/> Waste tire storage per WAC 173-350-350<br><input type="checkbox"/> Moderate risk waste per WAC 173-350-360<br><input type="checkbox"/> Limited MRW per WAC 173-350-360<br><input type="checkbox"/> Limited purpose landfill per WAC 173-350-400<br><input type="checkbox"/> Inert waste landfill per WAC 173-350-410<br><input type="checkbox"/> Other per WAC 173-350-490 (specify) _____<br>_____<br>_____ |
|---|--|

**PART IV. Additional Contact Information**

**Facility Owner(s)**

(attach additional sheets if more than one facility owner)

Responsible Official:  Company Name, Government Entity, etc.:  Applicant's Position in Company or Government Entity:	Contact Name: (if different)
Contact Mailing Address: Street: City: State:                                      Zip:	Contact phone: Fax: e-mail address:

**Facility Operator(s)** Same as Facility Owner(s)  YES

(attach additional sheets if more than one facility operator)

Responsible Official:  Company Name, Government Entity, etc.:  Applicant's Position in Company or Government Entity:	Contact Name: (if different)
Contact Mailing Address: Street: City: State:                                      Zip:	Contact phone: Fax: e-mail address:

**Property Owner(s)**  Same as Facility Owner(s)  YES

(attach additional sheets if more than one property owner)

Property Owners Name(s):	Contact Name:(if different)
Mailing Address: Street: City: State:                                      Zip:	Phone:  Fax:

	e-mail address:
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## PART V. Signature and Verification of Applicant

(Refer to WAC 173-350.715(3) or WAC 173-351-730(7) for appropriate evidence of authority)

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

\_\_\_\_\_  
(Applicant's Signature – printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

## PART VI. Notary Public Verification

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on

by

(seal or stamp)

\_\_\_\_\_  
(Signature)

My appointment expires:

\_\_\_\_\_  
(Date)