

Received Stamp

RECEIVED
 JUN 16 2015
 CITY OF DUVALL



City of Duvall

Small Town. Real Life.

Planning Department

15535 Main St. NE
 PO Box 1300
 Duvall, WA 98019
 (425) 788-2779
 FAX (425) 788-8097
www.duvallwa.gov

Master Permit Application

This form must be completed (clearly printed or typed) and submitted to the Planning Department to file an application. Additional materials are required for specific types of applications. Please provide 7 complete packets with copies of all required application materials (stapled or binder clipped). For questions, please contact the Planning Department at (425) 788-2779.

FOR STAFF USE ONLY

File No.:		Received By:			Date Received:		
Type of Application:	TYPE I <input type="checkbox"/> Administrative Interpretation <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Wireless Facility <input type="checkbox"/> Other Construction Permits – no SEPA required <input type="checkbox"/> Final Site Plan	TYPE II <input type="checkbox"/> Building Permit-SEPA required <input type="checkbox"/> Other construction permit – SEPA required <input type="checkbox"/> Sensitive Area Permits <input type="checkbox"/> Site Plans, Parks less than ½ acre in new area <input type="checkbox"/> Infill Development of duplexes and townhome	TYPE III <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Shoreline Substantial Development Permit <input type="checkbox"/> Preliminary Short Subdivision <input type="checkbox"/> Site Plan/ Master Development Plan Over ½ acre <input type="checkbox"/> Vacations/Alterations <input type="checkbox"/> Reasonable Use Exception	<input type="checkbox"/> Shoreline Conditional Use Permit <input type="checkbox"/> Shoreline Variance <input checked="" type="checkbox"/> Preliminary Long Subdivision <input type="checkbox"/> Variance	TYPE IV <input type="checkbox"/> Rezone	TYPE V <input type="checkbox"/> Final Plat <input type="checkbox"/> ROW Vacation	TYPE VI <input type="checkbox"/> UDR Text Amendment <input type="checkbox"/> Annexation <input type="checkbox"/> Area-Wide Zoning Map Amendment <input type="checkbox"/> Comp. Plan Amendment <input type="checkbox"/> Pre-Annexation Zoning
<input type="checkbox"/> Other Application (please explain):							

APPLICANT

Name (please print): Rio Vista Investments, LLC		Phone # (425) 837-3811	
Email Address: reid_dev@comcast.net			
Street Address: PO Box 1282	City: Bellevue	State: WA	Zip: 98009

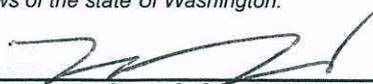
BASIC PROJECT INFORMATION

Project / Development Name: Rio Vista		Project / Development Location (including nearest intersections): 272nd Place NE & NE 143rd Place	
Description of Proposed Action: Construct 69 lot subdivision			
Assessor / Tax Parcel Numbers (include 10-digit parcel number for all parcels within project boundaries):			
782580-0150	-180	-160	-170
Land Area of Project Site (sq. ft. & acres): 12.72	Zoning District: R12	Comp Plan Designation:	

CONTINUED ON BACK PAGE

Present use of property: Single Family Residences		Are there Sensitive Areas on the property? Yes	
OWNER (if other than applicant)			
Name (please print): See attached		Phone #:	
Email Address:			
Street Address:	City:	State:	Zip:

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print): Rio Vista Investments, LLC		<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Contract Purchaser
Address: PO Box 1282		<input type="checkbox"/> Option Purchaser	
Bellevue, WA 98009		Option Expiration Date:	
Phone #: (425) 837-3811			
Assessor Parcel Number(s): 732580-0170, 0180, 0150, 0160			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature: 		MICHAEL REID MANUAL MEMBER	
Name (please print): Gary & Carolyn Willett		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 27065 NE 143rd Place		<input type="checkbox"/> Option Purchaser	
Duvall 98019		Option Expiration Date:	
Phone #: ()			
Assessor Parcel Number(s): 732580-0150			
Other Documents Required:			
1. Application / Information for specific permit type.			
2. SEPA Checklist.			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature:		Date:	

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APPLICANT NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature

Gary Alan Willett

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this 5th day of May, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Gary Willett, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as Gary Willett free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 5th day of May, 2015.

Timothy P. Wilmot
Notary Public in and for the State of Washington
residing at Duvall WA

Notary Public
State of Washington
Timothy P Wilmot
Expires On: March 9, 2019
Residing At: Duvall, WA - King County

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Notary Seal Affixed Here

OWNER NOTARY (if other than Applicant)

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature _____

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ day of _____, 20____.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here

APPLICANT NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature Carolyn Willett

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this 5th day of May, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Carolyn Willett, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as Carolyn Willett free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 5th day of May, 2015.

Timothy P Wilmet
Notary Public in and for the State of Washington
residing at Duvall WA

Notary Public
State of Washington
Timothy P Wilmet
Expires On: March 9, 2019
Residing At: Duvall, WA - King County

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Notary Seal Affixed Here

OWNER NOTARY (if other than Applicant)

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature _____

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

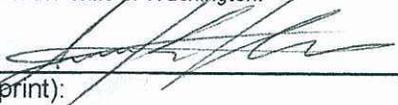
WITNESS MY HAND AND OFFICIAL SEAL THIS _____ day of _____, 20____.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here

Present use of property:		Are there Sensitive Areas on the property?	
OWNER (if other than applicant)			
Name (please print):		Phone #:	
Email Address:			
Street Address:	City:	State:	Zip:

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print): James & Susan Burton		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 27066 NE 143rd Place		<input type="checkbox"/> Option Purchaser	
Duvall 98019		Option Expiration Date:	
Phone #: ()			
Assessor Parcel Number(s): 732580-0160			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature: 		5-9-15	
Name (please print):		<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address:		<input type="checkbox"/> Option Purchaser	
Phone #: ()		Option Expiration Date:	
Assessor Parcel Number(s):			
Other Documents Required:			
1. Application / Information for specific permit type.			
2. SEPA Checklist.			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature:		Date:	

CONTINUED ON NEXT PAGE

APPLICANT NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature [Handwritten Signature]

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this 9 day of May, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared James R Burton, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 09th day of MAY, 2015.

[Handwritten Signature]
Notary Public in and for the State of Washington
residing at Redmond WA



Notary Seal Affixed Here

OWNER NOTARY (if other than Applicant)

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature _____

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ day of _____, 20____.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here

Present use of property: _____		Are there Sensitive Areas on the property? _____	
OWNER (if other than applicant)			
Name (please print): _____		Phone #: _____	
Email Address: _____			
Street Address: _____	City: _____	State: _____	Zip: _____

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print): James & Susan Burton		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 27066 NE 143rd Place		<input type="checkbox"/> Option Purchaser	
Duvall 98019		Option Expiration Date: _____	
Phone #: () _____			
Assessor Parcel Number(s): 732580-0160			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature: <i>Susan Burton</i>		<i>5/9-15</i>	
Name (please print): _____		<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: _____		<input type="checkbox"/> Option Purchaser	
Phone #: () _____		Option Expiration Date: _____	
Assessor Parcel Number(s): _____			
Other Documents Required:			
1. Application / Information for specific permit type.			
2. SEPA Checklist.			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature: _____		Date: _____	

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APPLICANT NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature Susan Burton 5/9-15

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this 09th day of MAY, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Susan Burton, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that She signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 09th day of MAY, 2015



Notary Seal Affixed Here

Stephanie N Schneider
Notary Public in and for the State of Washington
residing at Redmond WA

OWNER NOTARY (if other than Applicant)

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature _____

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS _____ day of _____, 20____.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here

Present use of property:		Are there Sensitive Areas on the property?	
OWNER (if other than applicant)			
Name (please print):		Phone #:	
Email Address:			
Street Address:	City:	State:	Zip:

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print): Donna Verstrate		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 825 S. Osprey, Apt. 301 Sarasota, FL 34236		<input type="checkbox"/> Option Purchaser	
Phone #: ()		Option Expiration Date:	
Assessor Parcel Number(s): 732580-0170			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature: 			
Name (please print): Nancy Miller		<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 7029 Bentley Mill Place Alexandria, Virginia 22315		<input type="checkbox"/> Option Purchaser	
Phone #: ()		Option Expiration Date:	
Assessor Parcel Number(s): 732580-0170			
Other Documents Required:			
1. Application / Information for specific permit type.			
2. SEPA Checklist.			
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>			
Signature:		Date:	

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APPLICANT NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature _____

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this ____ day of _____, 20__, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS ____ day of _____, 20__.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here

OWNER NOTARY (if other than Applicant)

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature Donna L. Verstrate

STATE OF WASHINGTON }
COUNTY OF KING } SS

FL
SARASOTA
FL On this 24 day of April, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared DONNA LEE VERSTRATE who is known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that DONNA LEE VERSTRATE signed the same as DONNA LEE VERSTRATE free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 24th day of April, 2015

[Signature]
Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here



Present use of property: <i>RESIDENTIAL</i>		Are there Sensitive Areas on the property? <i>YES</i>	
OWNER (if other than applicant)			
Name (please print):		Phone #:	
Email Address:			
Street Address:	City:	State:	Zip:

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print): Donna Verstrate	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 825 S. Osprey, Apt. 301 Sarasota, FL 34236	<input type="checkbox"/> Option Purchaser	
Phone #: ())	Option Expiration Date:	
Assessor Parcel Number(s): 732580-0170		

I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.

Signature:

Name (please print): Nancy Miller	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser
Address: 7029 Bentley Mill Place Alexandria, Virginia 22315	<input type="checkbox"/> Option Purchaser	
Phone #: ())	Option Expiration Date:	
Assessor Parcel Number(s): 732580-0170		

Other Documents Required:

1. Application / Information for specific permit type.
2. SEPA Checklist.

I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.

Signature: *Nancy C. Miller* Date: *May 18, 2015*

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APPLICANT NOTARY

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Applicant's Signature _____

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this ____ day of _____, 20__, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that _____ signed the same as _____ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS ____ day of _____, 20__.

Notary Public in and for the State of Washington
residing at _____

Notary Seal Affixed Here

OWNER NOTARY (if other than Applicant)

I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature Nancy C. Miller

~~STATE OF WASHINGTON~~ }
~~COUNTY OF KING FAIRFAX~~ } SS

On this 18th day of May, 2015 before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared NANCY C MILLER, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that SHE signed the same as HER free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

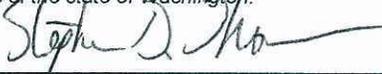
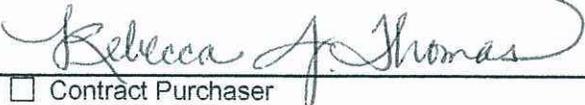
WITNESS MY HAND AND OFFICIAL SEAL THIS 18th day of May, 2015

Nancy C. Miller
Notary Public in and for the State of Washington VA
residing at Fairfax



Present use of property:		Are there Sensitive Areas on the property?	
OWNER (if other than applicant)			
Name (please print): Email Address:		Phone #:	
Street Address:	City:	State:	Zip:

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print): Rio Vista Ranchettes LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser	
Stephen D & Rebecca J Thomas	
Address: 26811 NE 143rd Pl <input type="checkbox"/> Option Purchaser	
Phone #: (Duvall) 98019	Option Expiration Date:
Assessor Parcel Number(s): 732580-0180	
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>	
Signature: 	
Name (please print):	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser
Address:	<input type="checkbox"/> Option Purchaser
Phone #: ()	Option Expiration Date:
Assessor Parcel Number(s):	
Other Documents Required:	
1. Application / Information for specific permit type.	
2. SEPA Checklist.	
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>	
Signature:	Date:

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APPLICANT NOTARY

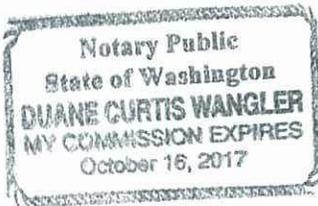
I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

OWNER'S
Applicant's Signature Stephen D. Thomas

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this 6th day of November, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Stephen Thomas, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 6th day of November, 2015.



Notary Seal Affixed Here

[Signature]
Notary Public in and for the State of Washington
residing at Sumnerish

OWNER NOTARY (if other than Applicant)

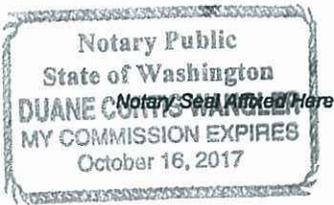
I, the undersigned, state that to the best of my knowledge the above information is true and complete. It is understood that the City of Duvall may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or willful lack of full disclosure on my part.

Owner's Signature Rebecca J. Thomas

STATE OF WASHINGTON }
COUNTY OF KING } SS

On this 6th day of November, 2015, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Rebecca Thomas, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as Her free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS 6th day of November, 2015.



Notary Seal Affixed Here

[Signature]
Notary Public in and for the State of Washington
residing at Sumnerish