CASCADE WATER ALLIANCE
LAKE TAPPS PROPERTY USE
LICENSE APPLICATION

Parcel Information	
Parcel Street Address:	Tax Parcel Number:
Parcel City:	Dock ID Number:
State/ZIP Code:	

Owner and Mailing Address	Authorized Agent (if property owner is applicant, write "same")
Name:	Name:
Street Address:	Street Address:
City:	City:
State/ZIP Code:	State/ZIP Code:
Phone:	Cell Phone:
Other Phone:	Other Phone:
Email Address:	Email Address:

Description of Proposed Use or Improvement
Briefly describe the proposed use or improvement below. Attach detailed drawings or plans showing the proposed work.

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that approval of this application does not constitute a license or authorize the proposed use or improvement. A formal license agreement must be executed by Cascade Water Alliance and the property owner before any proposed use or work may begin.

Owner Signature: _____ Date: _____

Authorized Agent Signature (if applicable): _____ Date: _____