



WASHINGTON STATE DEPARTMENT OF
Natural Resources
Peter Goldmark - Commissioner of Public Lands

Application for Use of State-owned Aquatic Lands

Applicant Name: William & Colleen Meacham

County: Kitsap County

Water Body: Port Madison

Type of Authorization - Use: License – Mooring Buoy

Authorization Number: 23-086421

Term: 5 years

Description: This agreement will allow the use of State-owned aquatic lands for the purpose of a recreational use mooring buoy. It is located just outside of Port Madison, in Kitsap County, Washington.



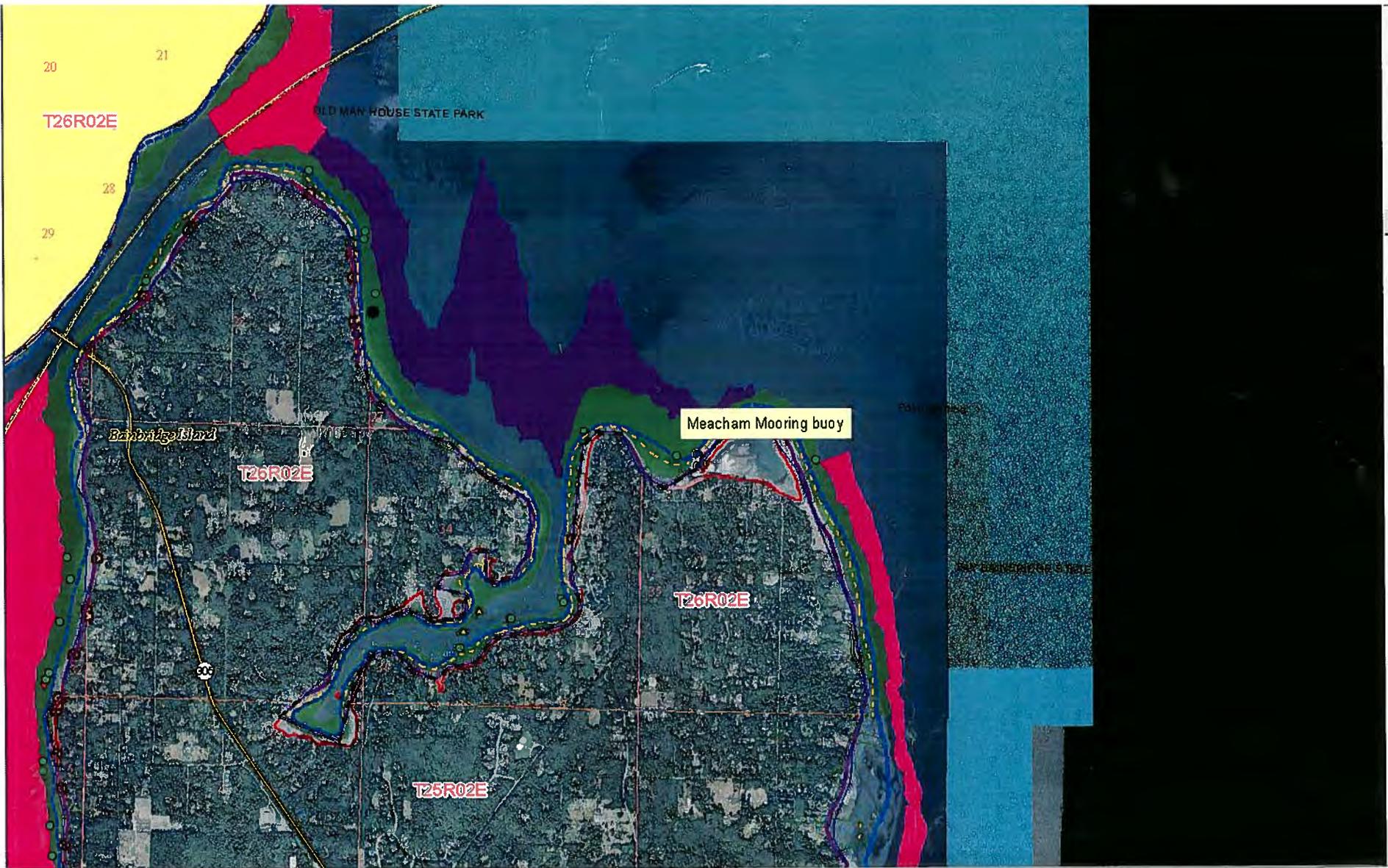
Meacham Mooring buoy

Barbridge Island

Nitcap

T26R02E

T26R02E





WASHINGTON STATE DEPARTMENT OF
Natural Resources
Doug Sutherland - Commissioner of Public Lands

RECEIVED

SEP 13 2010

DNR SPS

MOORING BUOY/BOATLIFT LICENSE APPLICATION

Enclose a \$25.00 non-refundable application-processing fee with the application. Any agency, political subdivision or municipal corporation of this state, or the United States is exempt from this \$25.00 application fee (WAC 332-10-190). The Department of Natural Resources (DNR) will review this application upon receipt and notify you in writing if the application is accepted for further review. DNR may reject this application at any time before authorization.

Please send the completed application form to your region land manager at:

Department of Natural Resources –OR Orca Straits District Aquatic Region 919 N Township Street Sedro-Woolley, WA 98284-9384 360-856-3500	Department of Natural Resources –OR Shoreline District Aquatic Region 950 Farman Avenue N Enumclaw, WA 98022-9282 360-825-1631	Department of Natural Resources Rivers District Aquatic Region 601 Bond Road; PO Box 280 Castle Rock, WA 98611-0280 360-577-2025
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1. Name: *William + Colleen Meacham* Date: *5-26-10*
Mailing Address: *7439 NE 122nd* City: *Kirkland* State: *WA* Zip: *98034*
 Telephone Number: Home: *425-823-8791* Work: *425-285-2317*
 Site: *15757 Point White Dr, Bainbridge Isl, WA 98110*

2. Which of the following applies to Applicant (check one):
 Washington corporation -OR- Partnership -OR- Martial Community -OR- Single Individual – OR
 (Other)

3. Check if Upland Parcel owner address is the same as above. If not, fill in below:

Upland Parcel Owner Name: *owes the tidelands between the meacham waterfront and the buoy. Bruce + Diana Klack*
 Address: *1775 Taylor St* City: *Port Townsend* State: *WA* Zip: *98368*
 Telephone Number: Home: *360-391-9141* Work:
 List or attach the required information:

4. Legal Description: Government Lot(s) in Section Township N. Range East – West W.M.
NW 35 26 N 2E

5. Latitude: Longitude: *122° 30' 59.72" W*
47° 42' 28.06" N

6. Global Positioning System (GPS) location if known:

7. Depth of Water at buoy/boatlift location: *18'*

8. Length of Vessel: *40'* Vessel Registration Number:

9. Attach copies of any regulatory permits or waivers required. Although this may not be a complete list for your area, note the ones needed and attached:
 a. WA Department of Fish & Wildlife *attached*
 b. County Shoreline Permit (s) *attached*
 c. U.S. Army Corp of Engineers *pending*
 d. WA Department of Ecology
 e. Other

Land Manager: New Application _____ Renewal Application _____
 Land Manager: Initials _____ Aquatic Program Manager Initials _____
 Support: Application Fee Received _____ Date _____
 Land Records: New Application Number _____
 Land Records: Trust _____ County _____ AQR Plate No. _____