

Application Id: 33943**Certification Received:**
(Ecology use)**Facility/Site Name:** Smokey Point 172nd Medical Office Bldg**Permit Number:**
(Ecology use)**Facility Address:** 4011 172nd St NE
Arlington, WA 98223**Facility County:** Snohomish**Permittee Name:** Eric Scott**Permittee Title:****Permittee Email:** EricS@terravistanw.com**Permittee Phone:** 4254220840**Permittee Address:** 3204 Smokey Point Dr Ste 207
Arlington, WA 98223-8476**Company Name:** TerraVista NW, LLC**Disturbed Acreage:** 2.09**Certification of Permittee**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Eric Scott / TerraVista NWPrincipal

Printed Name / Company

Title

Eric Scott12/18/2020

Signature of Permittee *

Date

* Federal regulations require this application is signed by one of the following:

- A. For a corporation: By a responsible corporate officer, of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

Please print, sign and mail this form to the following address:

Department of Ecology
ATTN: Water Quality Program, Construction Stormwater P.O. Box 47696
Olympia, WA 98504-7696