



Notice of Intent

Zostera Japonica Management on Commercial Clam Beds in Willapa Bay General Permit

NOI Version: 1

Application Type: New Renewal

Permit Number: WAG993008

Application Id: 48819

I. Contact Information

Co-Permittee		
Honorific:	First Name: Warren	Last Name: Cowell
Organization Name: Willapa Bay Shellfish	Title:	
Mailing Address: PO Box 43		
City: Ocean Park	State: WA	Zip Code: 98640-0043
Email: tblom@wwest.net		
Primary Phone: 360-751-2034	Secondary Phone:	
UBI Number:		
Co-Permittee		
Honorific:	First Name: Warren	Last Name: Cowell
Organization Name: Willapa Bay Shellfish	Title:	
Mailing Address: PO Box 43		
City: Ocean Park	State: WA	Zip Code: 98640-0043
Email: tblom@wwest.net		
Primary Phone: 360-751-2034	Secondary Phone:	
UBI Number:		
Permittee		
Honorific:	First Name: Chase	Last Name: Metzger
Organization Name: Coastal AG LLC	Title:	
Mailing Address: 12507 Y PI		
City: Long Beach	State: WA	Zip Code: 98631-5602
Email: chasecoastalag@gmail.com		
Primary Phone: 206-276-9115	Secondary Phone:	
UBI Number:		

NOTE: If you need more space for additional parcels, continue on a separate sheet of paper. Attach the separate sheet to this form.

IV. Public Notice (new applicants only)

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date