



Owner Authorization Form

Development Services Department

425-489-2754 • 17301 133rd Avenue NE • Woodinville, WA 98072

Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm

I HEREBY AUTHORIZE THE FOLLOWING PERSON TO ACT AS MY AGENT TO APPLY FOR, SIGN, AND FILE THE DOCUMENTS NECESSARY, TO OBTAIN NECESSARY PERMITS FOR MY PROJECT, AND TO RECEIVE ALL NOTICES, DECISIONS AND OTHER CORRESPONDENCE FROM THE CITY WITH RESPECT TO THE PROJECT.

SCOPE OF WORK:

PROJECT LOCATION:

NAME OF PROPERTY OWNER:

ADDRESS OF OWNER:

PHONE NUMBER OF OWNER:

EMAIL ADDRESS OF OWNER:

NAME OF AUTHORIZED AGENT:

ADDRESS OF AGENT:

PHONE NUMBER OF AGENT:

EMAIL ADDRESS OF AGENT:

*If property owner is a corporation, then Articles of Incorporation, LLC Agreement, or other legal document establishing signatory as having authority to sign legal documents must, also, be submitted.

PROPERTY OWNERS SIGNATURE: _____ DATE: _____

STATE OF WASHINGTON)

: ss

COUNTY OF KING)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

(Signature of Notary)

(Print or stamp name of Notary)

NOTARY PUBLIC in and for the State of Washington,

residing at _____

My Appointment Expires: _____