

## **Agent Authorization Form**

Planning & Development Services  $\cdot$  1800 Continental Place  $\cdot$  Mount Vernon WA 98273 Reception 360-416-1320  $\cdot$  pds@co.skagit.wa.us  $\cdot$  www.skagitcounty.net/planning

Use this form to authorize someone other than the property owner to apply for permits.

<b>Project Site</b>			
Property Addres	S		
City, State, Zi	р		
Authorization	Statement		
	s of the property identified above, a plications, receive correspondence		to act as nd sign title notices on my/our behalf.
	ion to field staff to enter the site to k proposed by this application.	verify the presence or abser	nce of critical areas and perform
Property Own	ner Signature(s)		
Signature		_ Signature	
Printed Name		_ Printed Name	
Title		_ Title	
Company		_ Company	
Date		_ Date	
Notarization			
who appeared bef	ore me and said person(s) acknowle I voluntary act for the uses and purp	dged that he/she signed this	is/are the person(s) instrument and acknowledged it to ument.
	Signature of Notary	Public	
	Printed Name of No	tary Public	
	My appointment ex	pires	
(Notary seal or stam	p above)		

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