



# Agent Authorization Form

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273  
voice 360-416-1320 · inspections 360-416-1330 · [www.skagitcounty.net/planning](http://www.skagitcounty.net/planning)

Permit #:

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

## Project Site

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Received by:

## Authorization Statement

I/we, as the owners of the property identified above, authorize \_\_\_\_\_ to act as agent to submit applications, receive correspondence regarding the application, and sign title notices on my behalf.

I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

## Property Owner Signature(s)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

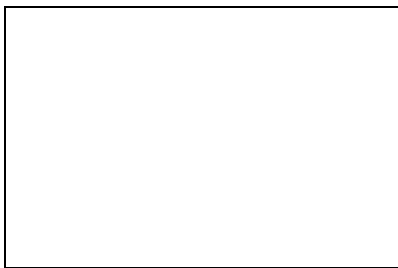
Company: \_\_\_\_\_

Date: \_\_\_\_\_

## Notarization

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_



(Notary seal or stamp above)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My appointment expires \_\_\_\_\_