



Master Application Form

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

Permit #:

Project/Site

Project Title _____

Site Address _____ City _____ Zip _____

If No Address Section _____ Township _____ Range _____

Parcel No(s) _____ Zoning _____

Property Owner

Multiple owners (attach additional page)

Name _____ Mailing Address _____

City, State _____ Zip _____ Phone _____

Contractor

None Same as property owner

Name _____ Mailing Address _____

City, State _____ Zip _____ Phone _____

Email _____ License # _____ Expires _____

Applicant/Contact

Same as property owner Same as contractor

Name _____ Mailing Address _____

City, State _____ Zip _____ Phone _____

Email _____

Signature

- I am the owner of the subject property and I 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; OR
- I have the consent of the owners of the subject property and have attached Agent Authorization Form(s) (SCC 14.06.090); OR
- This is a mechanical or plumbing permit; ownership certification is not required.

I certify that the statements, answers, and information in the entirety of this application are true and correct to the best of my knowledge and belief.

Signature(s): _____

Printed Name: _____

Title: _____

Company: _____

Date: _____