



# Agent Authorization

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

This form is required whenever a property owner grants authority to another individual to act on their behalf when obtaining a permit. It must be completed and uploaded as part of the application submittal.

\*If the legal owner of the property is a corporation, company, partnership, or LLC, please **provide a copy of a legal document** attached with this authorization form showing that the individual signing this document is a duly authorized partner, officer, or owner of said corporation, company, partnership, or LLC.

Property Address:

## AUTHORIZATION STATEMENT

I/we are the owner(s) of the property identified above and appoint an authorize agent to act on my/our behalf to sign, and file documents necessary to obtain a permit on the property noted above, and to receive correspondence regarding the application.

By signing below, 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(S)

*Property Owner(s) Signature – If there are more than 2 owners, please attach a separate sheet.*

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

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

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## AUTHORIZED AGENT

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## NOTARIZATION

For an acknowledgment in an individual capacity. State of \_\_\_\_\_, County of \_\_\_\_\_. This record was acknowledged before me on \_\_\_\_\_ (date), by \_\_\_\_\_ (property owner(s)).

**OR**  
\*For an acknowledgment in a representative capacity. State of \_\_\_\_\_, County of \_\_\_\_\_. This record was acknowledged before me on \_\_\_\_\_ (date), by \_\_\_\_\_ (name(s) of individual) as \_\_\_\_\_ (type of authority) of \_\_\_\_\_ (company).

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

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

My Appointment Expires: \_\_\_\_\_

Notary seal