



# Applicant Status, Individual

PERMIT NUMBER	PERMIT NAME
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## For Individual(s)

By signing this document, I certify that I am/we are an owner of the property(ies) affected by this permit.

Owner One				
FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE
SIGNATURE OF OWNER ONE		DATE		

Owner Two <input type="checkbox"/> Same contact information as Owner One				
FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE
SIGNATURE OF OWNER TWO		DATE		

Complete additional Certification of Applicant Status, Individual forms for any additional owners

Continued

## Applicant Status, Individual, continued

Applicant Information		<input type="checkbox"/> If other than property owners		
FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE

I certify that I am the Applicant for this permit. As the Applicant, I am financially responsible for all fees, and I will receive any applicable refunds. I will remain the Applicant for as long as this permit is valid, unless I transfer my applicant status. The Applicant shall remain for the duration of this permit, unless the Applicant transfers its status in writing to the Department of Local Services, Permitting Division.

By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

I authorize Permitting to return plans directly to the engineer, architect or other consultant(s) for the limited purpose of making corrections as designated on the Authorized Consultant page.

SIGNATURE OR PRINTED NAME OF APPLICANT	DATE
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Authorized Consultant List,  
continued on next page

# Applicant Status, Individual, continued

## Authorized Consultants:

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
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