



**Planning, Community, & Economic Development Department**  
904 6<sup>th</sup> St. / P.O. Box 947, Anacortes, WA 98221  
360-293-1984

## AGENT AUTHORIZATION FORM

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

Project Name: \_\_\_\_\_

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

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

### AUTHORIZATION STATEMENT

I / we, as the owners of the property identified above, authorize the below listed individual to act as our agent to submit applications, receive correspondence regarding the above-listed application, and sign and to receive notices on my/our behalf.

### DESIGNATED AGENT

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

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

### PROPERTY OWNER SIGNATURE(S)\*\*

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

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

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

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

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

\*\*Each property owner listed must have their signature notarized.

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument, and acknowledged it as a free and voluntary act for the uses and purposes mentioned in this instrument.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

Residing at \_\_\_\_\_

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

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