



PLANNING DEPARTMENT
201 Center St W / PO Box 309
360-832-3361 / Fax 360-832-2573

Date Received: _____

Deposit paid \$ _____

Receipt# _____

Permit# _____

Project Name _____

OWNER AUTHORIZATION

****Requires Notarization****

Parcel No.:	
Proposed Land Development Action:	
Authorized Agent Name:	
Mailing Address:	
Email:	
Phone:	

I/We, _____, the legal owner(s) of the above parcel, consent to the land development action noted above, which has been made with the free consent and in accordance with the desires of the owner or owners.

I/We grant _____ permission to file and coordinate land development action noted above with the Town of Eatonville on my behalf as an authorized agent for this proposed project.

Signature _____ Date _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Signature _____

Notary Public in and for the State of Washington, residing at _____

My commission expires _____