



Planning & Building Department
 201 Center St. W, Eatonville, WA 98328
 (360) 832-3361 Ext. 114
planningadmin@eatonville-wa.gov

Date Received: _____
Deposit paid \$ _____
Receipt# _____
Permit# _____
Project Name _____

OWNER AUTHORIZATION

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