Applicant Status, Corporation or Business Associations

PERMIT NUMBER	PERMIT NAME

For corporations or business associations

By signing this document, certify that I am an authorized agent of the business corporation or other business association (identified below) authorized to do business in the State of Washington. The corporation or other business association is the sole owner of the property that is the subject of this permit. If the corporation or other business association is not the sole owner of the property, I certify that it is authorized to represent all other owners of the property.

Corporation or Business Association Information				
AGENT NAME	PHONE NUMBER	EMAIL ADDRESS		
BUSINESS OR ASSOCIATION NAME				
MAILING ADDRESS		CITY	STATE	ZIP CODE

I also certify that the above-named corporation or other business association is the Applicant for this permit, and as such is financially responsible for all fees and will receive any applicable refunds. This corporation or other business association shall remain the Applicant for the duration of this permit, unless it transfers its status in writing to the Department of Local Services, Permitting Division.

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.

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.

SIGNATURE OR PRINTED NAME OF APPLICANT'S AGENT	DATE SIGNED

Authorized Consultant List,
continued on next page

Department of Local Services, Permitting Division
35030 SE Douglas Street, Suite 210
Snoqualmie, WA 98065-9266

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206-296-6600
TTY Relay: 711
www.kingcounty.gov

Applicant Status, Corporation or Business Association, continued

Authorized Consultants:

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

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CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

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CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

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