



# Certification of Applicant Status

PERMIT NUMBER	PERMIT NAME
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## For individuals:

By signing this document, I certify that I am an owner of the property affected by this permit. If I am not the only owner of the property, I certify that I am authorized to represent all the property owners. In making this certification, and in transferring any and all rights to apply for this permit or approval to the person or entity listed below, I represent all owners of the subject property.

Applicant Information				
FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE

I also 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. I understand that I can transfer my status in writing, on the [Certification and Transfer of Applicant Status form](#) available online or at the office of King County Department of Local Services, Permitting Division.

SIGNATURE OF APPLICANT	DATE
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Continued on page 2 for  
corporations or business associations

## Certification of Applicant Status, continued

- OR -

### For corporations/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, using the [Certification and Transfer of Applicant Status form](#) available online or at the office of King County Department of Local Services, Permitting Division.

SIGNATURE OF APPLICANT'S AGENT	DATE SIGNED
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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.

**NOTICE TO APPLICANTS:** By law, the King County Department of Local Services, Permitting Division (Permitting) returns all engineering and other plans to the applicant. If, however, you wish to authorize Permitting to return engineering and other plans directly to the engineer, architect, or other consultant, for the limited purpose of making corrections, please designate on the following page.

# Certification of Applicant Status, continued

## Authorized Consultants:

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
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