



**King County**  
**Department of Permitting**  
**and Environmental Review**  
35030 SE Douglas Street, Suite 210  
Snoqualmie, Washington 98065-9266  
**206-296-6600** TTY Relay: 711  
www.kingcounty.gov

**Certification & Transfer  
of Applicant Status**

For alternate formats, call 206-296-6600.

**Permit Number:** \_\_\_\_\_

**FOR CURRENT OWNER:**

I, \_\_\_\_\_, (print name) hereby certify that I am an/the owner of the property which is the subject of this application for permit or approval. If I am not the sole owner of the property, I certify that I am authorized by any and all other owners of the property to make this certification and transfer any and all rights I/we have to apply for this permit or approval to the person listed below.

I, therefore, certify that \_\_\_\_\_ (print name) is the "applicant" for this permit or approval and shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department. By being the "applicant," that individual assumes **financial responsibility for all fees** and will receive any refunds paid.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Owner \_\_\_\_\_  
Date Signed

**FOR INDIVIDUALS:**

I, \_\_\_\_\_, (print name) hereby certify that I am the "applicant" for this permit or approval. I shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department. **I accept financial responsibility for all fees** associated with this permit or approval and will receive any refunds. My mailing address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date Signed

**OR**

**FOR CORPORATIONS/BUSINESS ASSOCIATIONS:**

I, \_\_\_\_\_, (print name) hereby certify that I am an authorized agent of \_\_\_\_\_, a corporation or other business association authorized in the State of Washington and that this business association is the "applicant" for this permit or approval and **is financially responsible for all fees** and will receive any refunds paid. This association shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on the form provided by this department. The mailing address of this business association is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date Signed

