

# OWNER AUTHORIZATION

## Affidavit Form



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|--|
| PROJECT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | TAX PARCEL NUMBER(S) |  |
| OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                      |  |
| SITE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                      |  |
| OWNER MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OWNER PHONE | OWNER EMAIL          |  |
| <p>I/We, _____, am/are the legal owner(s)* of the above parcel. I/We consent to the proposed project permit application as it has been made with the free consent and in accordance with my/our desires. I hereby grant the right to enter the above-described location to inspect the proposed, in-progress or completed work to the agencies to which this application is made or forwarded. These inspections shall occur at reasonable times and, if practical, with prior notice to the applicant.</p> <p><u>Agent as Applicant Authorization</u></p> <p>I/We grant _____ permission to file and coordinate the project permit with the City of Edgewood on my behalf as an authorized agent and applicant for this proposed project.</p> |             |                      |  |
| Owner Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                      |  |
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Date: _____          |  |
| SUSCRIBED AND SWORN to before me this _____ day of _____, 20_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                      |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                      |  |
| NOTARY PUBLIC in and for the State of Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                      |  |
| residing at _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                      |  |
| My commission expires on _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                      |  |