



PLANNING DEPARTMENT  
 201 Center St W / PO Box 309  
 360-832-3361 / Fax 360-832-2573

**OWNER AUTHORIZATION**

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

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 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public in and for the State of Washington, residing at \_\_\_\_\_

My commission expires \_\_\_\_\_