



# AGENT AUTHORIZATION FORM

Received date: \_\_\_\_\_

Received by: \_\_\_\_\_

Landowners may authorize agents, designers, contractors, etc. to apply for permits and conduct activities on their behalf by completing this form and returning to Island County staff. Once received, this form will expire in 3 years. Any applications or requests that agents submit on an owner's behalf must meet the general description provided by the owner below.

I/We hereby authorize the following companies or individuals to submit applications on my/our behalf. I/We also understand that once a permit/application is submitted that all future correspondence may be directed to said agent(s).

Description of work/project: \_\_\_\_\_

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

Agent Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Parcel number(s): \_\_\_\_\_

Name 1 (printed) \_\_\_\_\_ Date: \_\_\_\_\_

Signature 1: \_\_\_\_\_

Name 2 (printed) \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_