

APPLICATION TO CHANGE DESIGNER OF RECORD

To be completed by the New Designer of Record

See current fee schedule: www.kingcounty.gov/ehsfees

Site Application Record I.D. Number: _____

Parcel Number:

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Lot Number: _____ Block Number _____ Division Number _____

Site address: _____
 (As appears on site application)

Owner's Name _____
 (Please Print)

Previous Designer of Record: _____
 (Please Print) (Not Company name) D.O.L. License/Registration # _____

New Designer of Record: _____
 (Please Print) (Not Company name) D.O.L. License/Registration # _____

Through person field observations of the above site on _____, I verified that this site meets the criteria of the original approved site design. Based upon this inspection, I accept full responsibility as designer of record for the site referenced above.

Attachments:

A letter from the property owner, stating that he/she is discharging the named designer of record and naming a new designer of record. The letter is to include the address and parcel number of the subject property and the record I.D. number of the subject activity. A copy of this letter has been forwarded to the previous designer of record.

 (Designer's Signature)

 (Date)

FOR HEALTH DEPARTMENT USE ONLY

Application is Complete: _____ By: _____
 (Date)

Application is incomplete: _____ By: _____
 Do not enter new Designer (Date)
 of Record

Comments/Conditions: _____

Date Received
