



# Applicant Status, Public Agency or Public or Private Utility

PERMIT NUMBER	PERMIT NAME
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## For public agency or public or private utility

By signing this document, certify that I am an authorized agent of a public agency or public or private utility (identified below). The public agency or public or private utility is:

- The sole owner and/or has legal easements and/or right-of-way for the property(ies) that is the subject of this permit.
- Not the sole owner nor has legal easements and/or right-of-way for the property(ies) that is the subject of this permit.

If the public agency or public or private utility is not the sole owner of the property, nor has legal easements and/or right-of-way, I certify that notice of the pending application has been given to all owners of property to which the application applies.

Public Agency or Public or Private Utility			
AGENT NAME	PHONE NUMBER	EMAIL ADDRESS	
PUBLIC AGENCY OR PUBLIC OR PRIVATE UTILITY NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE

I also certify that the above-named public agency or public or private utility is the Applicant for this permit, and as such is financially responsible for all fees and will receive any applicable refunds. This public agency or public or private utility shall remain the Applicant for the duration of this permit, unless it transfers its status in writing to the Department of Local Services, Permitting Division.

## **Applicant Status, Public Agency or Public or Private Utility**, continued

I authorize Permitting to return plans directly to the engineer, architect or other consultant(s) for the limited purpose of making corrections as designated on the Authorized Consultant page.

By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

SIGNATURE OR PRINTED NAME OF APPLICANT'S AGENT	DATE SIGNED
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Authorized Consultant List,  
continued on next page

# Applicant Status, Public Agency or Public or Private Utility, continued

## Authorized Consultants:

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
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