



**Department of Community Development
Permit Center**

Mailing Address: 216 Prospect Street, Port Orchard, WA 98366
 permitcenter@portorchardwa.gov
 (360) 874-5533

MASTER PERMIT APPLICATION – Owner Authorization Form

Project: <i>Describe. List application types.</i>	
Project Parcel No(s).	
Project Location: <i>Site Address or vicinity</i>	
Property Owner's Company Name:	
<p>The legal owner(s) of the above parcel(s) consent to any and all associated applications or permits determined to be necessary by the applicable authority for the development of the project identified above, which has been made with the free consent and in accordance with the desire of the owner(s).</p> <p>By signing this authorization form and applying for approvals under Port Orchard Municipal Code Title 20, the property owner(s) hereby permits free access to the land subject to the application to all agencies with jurisdiction considering the proposal for the period of time extending from the date of application to the time of final action.</p>	
<p>Designation of the Authorized Agent. The authorized agent is the primary contact for project-related questions or correspondence from DCD's Permit Center, and is responsible for communicating information to all parties involved with the application(s). Select only one:</p>	
<p><input type="checkbox"/> The legal owner of the property is acting as the Authorized Agent/Contact for the application(s) for this project. <i>(If more than one property owner, list the name of the one owner who is the Authorized Agent):</i> Designated Agent: _____</p>	
<p><input type="checkbox"/> The legal owner(s) grant permission to the person named below to file and coordinate the applications with the applicable authorities as the authorized agent for this proposed project.</p>	
Authorized Agent Name:	
Company Name:	
Mailing Address:	
Email:	
Phone:	

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____