



# OWNER CONSENT FORM

City of Blaine Community Development Services Department  
435 Martin Street Suite 3000  
Blaine, WA 98230 (360) 332-8311  
www.cityofblaine.com

<b>OFFICE USE ONLY</b>
PERMIT NUMBER(S)

The legal property owner must complete this form. If you are a legal property owner authorizing an agent to apply for permits on your behalf you must also complete the "Designation of Agent" portion of this form. This form is required for the protection of the property owner. The City will not accept an application that is not accompanied by this form, unless the owner is the applicant .

*NOTE: Official correspondence related to the permit application will be sent to the Applicant only.*

## STATEMENT OF OWNERSHIP

I/we the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of the property described as follows:

Legal Description : \_\_\_\_\_ {attach additional sheet(s) as necessary}

Tax Assessor Parcel Number(s): \_\_\_\_\_

## DESIGNATION OF AGENT

I/we hereby designate the following party to act as my/our agent with respect to submitting an application with the City of Blaine.

Name of Designated Agent (please print): \_\_\_\_\_

## AUTHORITY TO ENTER PROPERTY

I UNDERSTAND THAT, BY SIGNING THIS FORM, I AM CONSENTING TO ALLOW THE CITY STAFF INVOLVED IN THIS APPLICATION OR THEIR DESIGNEES TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION.

### OWNER INFORMATION / SIGNATURE

Owner Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE