

AUTHORIZATION FORM

Property Owner Name			
Permit or Application #		Assessor Tax Parcel	#
Project Name/Description _			
I,(property owner name)	_ , hereby give _	(authorized agent name)	_ authorization to act as my agent

in obtaining permits as required for the purpose of the project identified above.

Under penalty of perjury, I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site. Further, as owner, I grant permission to any and all employees and representatives of Kitsap County and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. Per the Department of Community Development fee policies, I understand that the base fee is determined by an average processing time. If staff hours required to process the permit exceeds the base fee, additional charges may be incurred, and I agree to pay all fees of the County that apply to this application. I understand refunds may also be issued for those permits that require less processing time.

By submitting this form, the property owner acknowledges and agrees that upon approval of this application, the Department of Community Development will record a Land Use Binder. Recording fees are at the applicant's expense. This Binder will include information directing inquiring public to the land use decision and conditions contained therein. The Binder cannot be removed or extinguished without the written approval of the Kitsap County Department of Community Development. Land Use Binders apply to Administrative Conditional Use Permits and Amendments, Conditional Use Permits and Amendments, and Performance Based Developments and Amendments.

Property Owner's Printed Name

Property Owner's Signature Date

Property Owner's Printed Name

Property Owner's Signature Date

Kitsap.gov/DCD (360) 337-5777 Revised 4/11/2025