



**King County**  
**Department of Development**  
**and Environmental Services**  
900 Oakesdale Avenue Southwest  
Renton, Washington 98057-5212  
**206-296-6600** TTY Relay: 711

**Certification of  
Applicant Status**

For alternate formats, call 206-296-6600.

**Permit Number:** \_\_\_\_\_ **Activity #:** \_\_\_\_\_

**Permit Name:** \_\_\_\_\_

**FOR INDIVIDUALS:**

I, \_\_\_\_\_ (print name), hereby certify that I am the/an owner of the property which is the subject of this permit. If I am not the sole owner of the property, I certify that I am authorized to represent all other owners of the property. My mailing address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that I am the "Applicant" for this permit and as such am financially responsible for all fees and will receive any refunds paid. I shall remain the "Applicant" for the duration of this permit unless I transfer my 'applicant' status in writing on the form provided by the Department of Development and Environmental Services (DDES.)

\* \_\_\_\_\_  
Signature of Applicant Date Signed

- OR -

**FOR CORPORATIONS/BUSINESS ASSOCIATIONS:**

I, \_\_\_\_\_ (print name), hereby certify that I am an authorized agent of \_\_\_\_\_, a corporation or other business association authorized to do business in the State of Washington, which is the sole owner of the property that is the subject of this permit. If this corporation or business association is not the sole owner of the property, I certify that this corporation/business association is authorized to represent all other owners of the property. The mailing address of this corporation/business association is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that the above named corporation/business association is the "Applicant" for this permit and as such is financially responsible for all fees and will receive any refunds paid. This corporation/business association shall remain the "Applicant" for the duration of this permit unless it transfers its 'applicant' status in writing on the form provided by DDES.

\* \_\_\_\_\_  
Signature of Applicant's Agent Date Signed

\*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.

