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

Certification & Transfer of Applicant Status

For alternate formats, call 206-296-6600.

Permit Number: _____

FOR CURRENT OWNER:

I, _____ , (print name) hereby certify that I am an/the owner of the property which is the subject of this application for permit or approval. If I am not the sole owner of the property, I certify that I am authorized by any and all other owners of the property to make this certification and transfer any and all rights I/we have to apply for this permit or approval to the person listed below.

I, therefore, certify that _____ (print name) is the "applicant" for this permit or approval and shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department. By being the "applicant," that individual assumes **financial responsibility for all fees** and will receive any refunds paid.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____
Signature of Owner Date Signed

FOR INDIVIDUALS:

I, _____ , (print name) hereby certify that I am the "applicant" for this permit or approval. I shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on a form provided by this department. **I accept financial responsibility for all fees** associated with this permit or approval and will receive any refunds. My mailing address is:

_____
_____
_____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____
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 in the State of Washington and that this business association is the "applicant" for this permit or approval and **is financially responsible for all** fees and will receive any refunds paid. This association shall remain the "applicant" for the duration of this permit or approval unless "applicant" status is transferred in writing on the form provided by this department. The mailing address of this business association is:

_____
_____
_____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____
Signature of Applicant Date Signed

NOTICE TO APPLICANTS: By law, the Department of Development and Environmental Services (DDES) returns all engineering and other plans to the applicant. If, however, you wish to authorize DDES to return engineering and other plans directly to the engineer, architect, or other consultant **for the limited purpose of making corrections**, please designate below:

☐ I authorize DDES to return my plans directly to my consultant(s) for the limited purpose of making corrections, as designated on this form.

CONSULTANTS:

_____

_____

_____

_____

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Check out the DDES Web site at www.kingcounty.gov/permits