



Office of
Planning and Development
123 - 5th Ave. N. Suite 130 - Okanogan, WA 98840
(509) 422-7160 • FAX: (509) 422-7349 • TTY/Voice Use 800-833-6388
e-mail: planning@co.okanogan.wa.us

LANDOWNER/AGENT CONSENT FORM

I(we) the undersigned owner(s) of record of parcel no. _____,
located at (physical address): _____,
consent to and authorize (agent name), _____,
to act on my/our behalf for the purposes of obtaining approval for (development type):

submitted to the Okanogan County Office of Planning and Development.

I(we), as landowners of the above described property understand and agree to the following:

- I(we) are legal owners of the subject property and may act on behalf of any and all interested parties, financial and otherwise;
- I(we) are responsible for all activities occurring on the subject property;
- Okanogan County, its officers, and staff shall not be held liable for any activities arising from the actions of the above named agent;

Landowner

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

(Signature)

(Date)

Authorized Agent

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

(Signature)

(Date)

Landowner

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

(Signature)

(Date)

Authorized Agent

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

(Signature)

(Date)