



## 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 (Signature) (Date)

**Authorized Agent**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 (Signature) (Date)

**Landowner**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 (Signature) (Date)

**Landowner**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 (Signature) (Date)

~If additional landowners, additional forms may be attached~