

Date Received:
D 1/1
Permit#:

## **Property Owner's Authorization Letter**

Name		<del> </del>
City State ZIP   Phone Email		
Parcel Number		
Site Address		
	State ZIP	
I(we):		
· / -	(Property Owners Name)	_
Hereby Authorize:		
	(Name of Person/Contractor to Sign Permit	()
To apply for, sign, an	nd pick-up building permits for the follow	ing proposed work:
	(Brief Description of Work to be Done)	
up the building permit for Building Codes and the I	we) hereby grant permission to the applicant reference the work as indicated above. All work performed aws of Mason County and the State of Washingtons are required to have a current State of Washingtons	I must meet all provisions of the on, as applicable, whether specified or
(Property Owner Signature)		