



CITY OF ANACORTES

*Planning, Community, &
Economic Development*

Date Received:

02.17.2022

BLD-2022-0115

Planning, Community, & Economic Development Department
904 6th St. / P.O. Box 947, Anacortes, WA 98221
360-293-1984

AGENT AUTHORIZATION FORM

Use this form to authorize someone other than the property owner to apply for permits for the subject property.

Project Name: 29th Street Duplexes

Property Address: 1210 and 1212 29th Street

City, State, Zip: Anacortes, WA 98221

AUTHORIZATION STATEMENT

I / we, as the owners of the property identified above, authorize the below listed individual to act as our agent to submit applications, receive correspondence regarding the above-listed application, and sign and to receive notices on my/our behalf.

DESIGNATED AGENT

Agent Name: David Irwin

Agent Address: 12835 Bel-Red Road

Agent City, State, Zip: Bellevue, WA 98005

PROPERTY OWNER SIGNATURE(S)**

Signature:  Signature: _____

Printed Name: DAVID B. IRWIN Printed Name: _____

Title: OWNER Title: _____

Company: _____ Company: _____

Date: 2/11/22 Date: _____

**Each property owner listed must have their signature notarized.

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that DAVID IRWIN is the person who appeared before me, and said person acknowledged that he/she signed this instrument, and acknowledged it as a free and voluntary act for the uses and purposes mentioned in this instrument.

Given under my hand and official seal this 11th day of FEBRUARY, 20 22



Jill Bysegger
Notary Public
Residing at ANACORTES, WA
My appointment expires 8/1/22

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument, and acknowledged it as a free and voluntary act for the uses and purposes mentioned in this instrument.

Given under my hand and official seal this _____ day of _____, 20_____

Notary Public
Residing at _____
My appointment expires _____

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