

Signature of Owner or Authorized Representative Date

Community Development

407 Birch Ave SW | PO Box 810 | Napavine WA 98565 www.cityofnapavine.com |360-262-9344

Permission to Enter Owner or Contractor: ______ Phone #: _____ ______ Parcel Number: ______ Property Address: _____ A phone number must be provided where applicant can be reached Monday to Friday, 8-4:30. I understand that the City of Napavine requires owner permission for city personnel to enter private property to conduct permit processing, review, and inspections. I also understand that my failure to grant permission to enter or an inability to contact me for prior notification of the time and date of inspection entries may result in denial or withdrawal of a permit or approval. Prior notification of the date and time of inspection is: ☐ Not Required ☐ Requested Applications have been submitted for the following services: Which may require on site permit processing, review, and inspection by employees of the Community Development Department, and/or Public Works Department for the property stated above. By my signature below, permission is granted for representative(s) of the Community Development and Public Works Department to enter and remain on and about the property for the sole purpose of processing such permits and performing required inspections and/or reviews. By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document I take full responsibility for the lawful action that is this document allows.