



Community Development
407 Birch Ave SW, P. O. Box 810 Napavine, WA 98565
Phone: (360) 262-9344 Fax: (360) 262-9199
www.napavine.wa.gov

Permission to Enter

DATE: _____ BP#: _____
OWNER/AGENT: _____
ADDRESS: _____
SITE ADDRESS: _____
PARCEL NUMBER: _____ PHONE NUMBER: _____
Email: _____

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.

Applications have been submitted for the following services:

- 1) _____
2) _____
3) _____

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 Departments 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 the current legal owner of this property of their authorized representative. With this document I take full responsibility for the lawful action that this document allows.

Signature of Owner or Authorized Representative Date

Prior notification of the date and time of inspection is: [] Not required [] Requested.

Must provide phone number where applicant can be reached between the hours of 8 am and 5 pm Mon-Fri.