



City of Airway Heights
Building Department
 1208 S. Lundstrom Street • Airway Heights, WA 99001
 Phone: (509) 244-5514 • FAX: (509) 413-1382

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 City of Airway Heights.

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 to which an application is made;
- The City of Airway Heights, 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: _____

Authorized Agent

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Landowner

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Landowner

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If additional landowners, additional forms may be attached.