

WHATCOM COUNTY
Planning & Development Services
5280 Northwest Drive
Bellingham, WA 98226-9097
360-778-5900, TTY 800-833-6384
360-778-5901 Fax



Mark Personius, AICP
Director

Shoreline Permit Revision Request Form

FOR OFFICE USE ONLY	Date Stamp
Received By _____	
Date Paid: _____	
Total Fees: _____	
Receipt #: _____	
Required Reviews:	
<input type="checkbox"/> Archaeology	<input type="checkbox"/> Fire
<input type="checkbox"/> Building	<input type="checkbox"/> Engineering
<input type="checkbox"/> Flood	<input type="checkbox"/> Geo Hazards
<input type="checkbox"/> Health	<input type="checkbox"/> Watershed
<input type="checkbox"/> Wetland/HCA/Mitigation	<input type="checkbox"/> Zoning

Permit #: _____ **Parcel #:** _____

Permit Address: _____

Property Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Agent/Representative Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Proposed Revision:

Attach a revised site plan clearly showing the proposed revision.

Signature of Applicant submitting revisions

Print Name

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Agent Authorization

If you are authorizing an agent to apply for permits on your behalf you must complete this form and have it notarized, which will provide authorization for a designated agent to apply for permits on your behalf.

I/we, _____, the owner(s) of the subject property, understand by completing this form I/we hereby authorize _____ to act as agent. I/we understand said agent will be authorized to submit applications on my behalf, and any fees associated with submitted applications are due to me and not to the said agent. I/we also understand once an application has been submitted all future correspondence will be directed to the agent.

Property Owner Printed Name

Property Owner Printed Name

Property Owner Signature

Property Owner Signature

Date

Date

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Public Signature

Notary Public Printed Name
Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____