



City of Seattle
Department of Construction and Inspections
700 Fifth Avenue, Suite 2000
P.O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850

Seattle DCI Project Number

Statement of Financial Responsibility/ Agent Authorization

Project Address	
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NAME AND ADDRESS OF FINANCIALLY RESPONSIBLE PARTY (Required)

A. Name of Individual or Entity (<i>Company, Partnership, etc.</i>) Assuming Financial Responsibility	
B. Name of Individual Signing on Behalf of an Entity (<i>Company, Partnership, etc.</i>)	
C. Financially Responsible Party Relationship to Property	<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Lessee <input type="checkbox"/> Property Contract Purchaser <input type="checkbox"/> Public Agency <input type="checkbox"/> Service Requestor (check only if request does not directly relate to the development of real property i.e. request for interpretation, legal building site letter)
D. Mailing Address (<i>of individual signing statement</i>)	
E. Telephone (<i>of individual signing statement</i>)	
F. Email (<i>of individual signing statement</i>)	

Individual Declaration of Financial Responsibility (*must match the individual's name listed in "A" above*)

I _____ (printed name) declare that I am the _____ (relationship to project or service request) and that I am responsible for payment of all fees associated with this project or other request to DPD requiring payment of fees, including all hourly or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the application is canceled or denied before the permit is issued.

Signature

Date

Entity Declaration of Financial Responsibility *(must match the individual name in "B" above and have authority to bind entity named in "A" above)*

I _____ *(printed name)* declare that in my capacity as _____ *(position within entity - ie manager, CFO, etc)* for _____ *(financially responsible entity named in "A" above)* I have the authority to bind the Financially Responsible party named above to payment of all fees associated with this project or other request to DPD requiring payment of fees, including all hourly or other fees which may accrue during the review and/or post-issuance whether the permit is issued or whether the application is canceled or denied before the permit is issued.

Signature



Date

AGENT AUTHORIZATION (Optional):

I hereby authorize the individual named below to act as the primary contact (aka primary applicant) for this project. This individual is not responsible for the payment of fees.

Primary Applicant Name: _____

Primary Applicant Phone: _____

Primary Applicant Email: _____

Primary Applicant Address: _____