

CITY OF NAPAVINE COMMUNITY DEVELOPMENT DEPARTMENT

407 BIRCH AVE SW, PO BOX 810, NAPAVINE, WA 98565 (360) 262-9344 FAX (360) 262-9199

PERMISSION TO ENTER

DATE:	BP#:
OWNER/AGENT:	
ADDRESS:	
SITE ADDRESS:	
	PHONE NUMBER
Email:	
property to conduct permit processing, review	
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 Public Works Departments to enter and remain processing such permits and performing require	for representative(s) of the Community Development and n on and about the property for the sole purpose of red inspections and/or reviews.
	er the current legal owner of this property of their t I take full responsibility for the lawful action that this
Signature of Owner or Authorized Prior notification of the date and time of inspection	

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