



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



DPD Project Number

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**Acceptance of Financial Responsibility for Project Fees**  
 Please complete ONE of the following as either Owner or as Applicant

Project Address:	
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**PROPERTY OWNER**

Property Owner Name:	
Company Name:	
Address:	
City/State/Zip:	
Phone:	
Fax:	

Property Owner's Relationship to the Project:

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Seller       |
| <input type="checkbox"/> Owner     | <input type="checkbox"/> None         |
| <input type="checkbox"/> Lessor    | <input type="checkbox"/> Other: _____ |

**Property Owner:**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of Washington that I am the Owner of the above referenced property, or the \_\_\_\_\_ (relationship) of the Owner, \_\_\_\_\_ (business entity), that the information provided herein is correct and complete, and that I have authority to bind the Owner to this statement. Owner will pay all permit fees for the above project, regardless whether the permit is issued or whether the application is canceled before permit issuance. If the Owner's address changes at any time before DPD has received full payment for all fees billed or owing, Owner will immediately notify DPD of the new address. Owner understands that there may be hourly or other review fees that accrue during review or prior to closing the permit that are above the minimum permit fees paid at application. Owner will be responsible for any and all additional fees.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ City, \_\_\_\_\_ State

By: \_\_\_\_\_  
 Signature