



## Community Development Department Permission to Enter Form

PO Box 777 • 323 N.E. First Street  
Winlock, WA 98596-0777  
360.785.3811 • fax 360.785.4378  
[winplan@cityofwinlock.com](mailto:winplan@cityofwinlock.com)

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_

I understand that the City of Winlock requires owner permission for city personnel to enter private property to conduct permit processing, review, and inspections. I also understand that my failure to grant permission to enter or an inability to contact me for prior notification of the time and date of inspection entries may result in denial or withdrawal of a permit or approval.

Applications have been submitted for the following services:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Which may require onsite permit processing, review, and inspection by employees of the Community Development Department and/or Public Works Department for the property state above.

By my signature below, permission is granted for representative(s) of the Community Development Department and Public Works Department to enter and remain on and about the property for the sole purpose of processing such permits and performing required inspections and/or reviews.

By my signature below, I certify that I am either the current legal owner of this property or their authorized representative. With this document I take full responsibility for the lawful action that this document allows.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

Prior notification of the date and time of inspection is:  NOT Required  Required

*If required, a contact number where applicant can be reached between the hours of 8:00am to 5:00pm, Monday through Friday, must be provided. Phone:* \_\_\_\_\_

**For Official Use ONLY**

Date Received:	_____
Received By:	_____