



County of Mendocino
Department of Planning and Building Services

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AGENT/APPLICANT AUTHORIZATION

I, _____, authorize the following Agent/Applicant to represent this project. The Authorized Agent/Applicant has my permission to make decisions regarding the processing of this application. If at any time I wish to remove/replace this authorization, I understand that I shall notify the Planning and Building Department in writing as to my decision.

Site Address: _____

Scope (description) of work: _____

Authorized Agent/Applicant

Name (Please Print): _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

E-Mail: _____

I declare under penalty of perjury that I am the property owner for the address listed above and I personally completed the above information and certify its accuracy.

Owner Signature: _____

Date: _____

TO BE FILLED OUT BY PLANNING AND BUILDING STAFF

APPLICATION NUMBER: _____

ACCEPTED BY: _____