



**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: \_\_\_\_\_