Designation of Agent





This form is required if the property owner is not the applicant.

Staff Use Only			
Αŗ	oplication Number		Date Received
1	Project Name		
•	-		
	Project Address/Location		
	Project Parcel Number(s)		
2.	Property Owner Name		Owner Phone
	Mailing Address		
	City ST	Zip	Email
3.	Designated Agent		
	Relationship to Owner		
	Firm Name		Phone
	Agent's Mailing Address		
	City ST	Zip	Email
	Agent's Signature		Date
4.	I hereby designate the above-named per- referenced application.	son (Line 3) to se	erve as my agent and represent me in the
	Owner Signature	-	Date
5.	Sworn and subscribed to before me on the	nis	day of, 20
	Notary Public	-	
	Commission Expiration Date	-	