



**COUNTY OF ALPINE
Community Development**

Building Department

Tony Creter, Building Official

50 Diamond Valley Road, Markleeville, CA 96120

Phone: 530-694-2140, Fax: 530-694-2149

www.alpinecountyca.gov

AUTHORIZATION OF AGENT TO ACT ON PERMIT APPLICANT'S BEHALF

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a Building Permit for my project.

Scope of Construction Project (or Description of Work): _____

Project Location or Address: _____

Name of Authorized Agent: _____

Address of Authorized Agent: _____

Phone Number of Authorized Agent: _____

I declare under penalty of perjury that I am the permit applicant for the address listed above and I personally filled out the above information and certify its accuracy. *Note: A copy of the permit applicant's driver's license, form of notarization, or other verification acceptable to the agency may be required to be presented when the permit is issued to verify the permit applicant's signature.*

Permit Applicant's Signature: _____ Date: _____