



AUTHORIZED AGENT FORM

I hereby authorize _____ to act as my authorized agent in dealing with Crow Wing County to obtain the following:

Land Use Permit – Contractor License Number _____
Must be a licensed contractor to apply for a Land Use Permit

Shoreland Alteration Permit _____ **Subdivision Approval** _____

Public Hearing PCBOA _____ **Boundary Line Adjustment** _____

For the following property:

Address: _____

Parcel Number(s): _____

Property Owner Signature _____ Date _____

Property Owner Phone Number _____

Authorized Agent Phone Number _____

Authorized Agent's Mailing Address _____

Authorized Agent's Email Address _____

Our Vision: Being Minnesota's favorite place.
Our Mission: Serve well. Deliver value. Drive results.
Our Values: Be responsible. Treat people right. Build a better future.

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