



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

Public Hearing Subdivision Approval

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