



**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