



County of Santa Cruz

Health Services Agency ♦ Environmental Health

701 Ocean Street, Room 312, Santa Cruz, CA 95060
(831) 454-2022 Fax : (831) 454-3128 TDD/TTY -Call 711 www.scceh.com landuse@santacruzcounty.us

OWNER-AGENT AUTHORIZATION FORM

The preparer is legally responsible for signatures whether a graphic, typewritten, or handwritten.
Documents may not be restricted by digital signatures or otherwise.

Project Information	Permit No.
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APN: _____ Date: _____

Project Address: _____

Legal Owner: _____ Email: _____

Owner Address: _____ Phone: _____

Authorized Agent

Firm Name: _____ License No. _____

Name: _____ Email: _____

Address: _____ Phone: _____

Authorization Statement

This is the County's authorization to issue a permit to the Agent shown above.

One Owner-Agent Authorization form will be required for each permit required. In the case where there is more than one owner of a parcel, the owner signing this form represents that he/she has the consent from all other owners of the parcel. For sewage disposal permits, by signing this form, the owner is authorizing the agent to legally bind the owner to responsibility for payment of the County's cost for inspections and all other actions related to noncompliance with permit conditions. The agent will be required to provide the department with proof of service by mail, that the owner was mailed a copy of the executed acceptance of permit conditions. Finally, by signing this form, the owner is designating the agent as their Agent for Service of Process for all matters relating to this application.

Refunds will be made to whomever made the payment.

I declare under penalty of perjury that I am the Property Owner at the above Project Address; I have filled out this document; and I certify the accuracy of the information provided.

Signature of the Owner (who is authorizing the agent)

Signature: _____ Date: _____