

# Authorized Agent Form

(If you are the owner completing & signing the site application no need to complete this form)

1. Form must be legible and completed in ink.

2. Check appropriate box(es). Write any specific restrictions on the checked item in the space provided (e.g. "garage site permit" or "valid only on permit applications submitted between 06/01/20XX and 08/01/20XX"). If you want your agent to represent you on a conditional use or variance application and also be authorized to obtain the related permit(s), be sure to check and complete the "permit application" item as well. If an item's box is checked and the accompanying space is left blank, the authorization granted on that item is valid for a period of one year from the date of signature on this form until Becker County Planning and Zoning receives signed, written notification from the property owner(s) stating otherwise or the property's ownership changes.

I (we), \_\_\_\_\_ hereby authorize \_\_\_\_\_ to act  
(landowner-print name) (agent-print name)  
as my (our) agent on the following item(s): appropriate box(es)

- permit application (write in permit "type" – e.g. site, septic, etc.): \_\_\_\_\_
- plat application: \_\_\_\_\_
- conditional use application: \_\_\_\_\_
- variance application: \_\_\_\_\_
- other: \_\_\_\_\_

on my (our) property located at:

Tax Parcel Number(s): \_\_\_\_\_ Physical Site Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plat Name: \_\_\_\_\_

## Agent Contact Information

Agent address: \_\_\_\_\_  
Street City State Zip Code

Agent phone #(s): \_\_\_\_\_ Agent fax #: \_\_\_\_\_

Agent email address: \_\_\_\_\_

\_\_\_\_\_  
Property Owner(s) Signature(s) Date

State of Minnesota  
County of Becker

On this \_\_\_\_\_ day of \_\_\_\_\_ before me personally appeared \_\_\_\_\_

to me known to be the person(s) described in and who executed the foregoing instrument; and acknowledged

that He/She executed the same as her/his free act and deed.

(Notary Stamp)

\_\_\_\_\_  
Notary Public

Office Use Only:

Date received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_