



# County of Santa Cruz

## HEALTH SERVICES AGENCY Environmental Health Division

701 Ocean St. Room 312, Santa Cruz, CA 95060

(831) 454-2022 TDD/ TTY: Call 711

[www.scceh.org](http://www.scceh.org)



## 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 of Santa Cruz's authorization to issue a permit to the Agent shown above.**

One (1) Owner-Agent Authorization form will be required for each permit required. In the case where there is more than one (1) owner of a parcel, the owner signing this form represents that they have the consent from all other owners of the parcel. For development permits, by signing this form, the owner is authorizing the agent to legally bind the owner to responsibility for payment of the County of Santa Cruz's cost for inspections and all other actions related to noncompliance with permit conditions. The authorized 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 authorized agent as their Agent for Service of Process for all matters relating to this form.

**If eligible, 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 completed this form; and I certify the accuracy of the information provided.

### Signature of the Owner (who is authorizing the agent)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_