

AUTHORIZATION FORM

State of California Health and Safety Code Section 19825-19829

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

To the City of San Buenaventura, Building & Safety Division:

Excluding the Notice to the Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign and file the documents necessary to obtain an Owner-Builder Permit for my project.

Project Location or Address	
Scope of Construction Project (or description of work):	
Authorized Agent's Name	
Address	
Phone Number	

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's Name	
Property Owner's Signature	
Date	

Note: Per State Law a copy of the owner's driver's license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owner's signature.

City Staff	Verified Photo Identification <input type="checkbox"/> Yes	Date		Staff Name/Initials	
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