



**TRINITY COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION**

530 Main St. ♦ PO Box 2819
Weaverville, CA 96093
(530) 623.1351 ♦ Fax (530) 623.1353

AGENT AUTHORIZATION FORM

(Required only if applicant is other than the property owner)

I, the undersigned, state that I am the owner(s) of the property for the proposed project _____ (type of proposal) on A.P.N.# _____. I do hereby authorize and empower _____ to act on my behalf on all matters relating to said project in connection with its filing, processing, approval, conditional approval or disapproval by Trinity County, its boards and commissions, officers, employees, and agents. Should I revoke this authorization it is my responsibility to serve written notice of said revocation to the Trinity County Planning Division.

Owner Signature

Owner Signature

Owner Name Printed

Owner Name Printed

Project Parcel Address

Project Parcel Address

Best Contact (Phone or Email)

Best Contact (Phone or Email)

Date

Date

Agent Information:

Name (Print): _____

Mailing Address: _____

Phone: _____

Email: _____

Preferred Method of Contact: Email Phone U.S. Mail