



LETTER OF AUTHORIZATION

**AUTHORIZATION OF AGENT TO ACT ON BEHALF OF
PROPERTY OWNER, BUSINESS OWNER, AND/OR LICENSED CONTRACTOR**

I hereby authorize the following person(s) to act as an agent(s) to apply for, sign, and file the documents necessary to obtain any business license and/or building permit for the below referenced project.

Date of Authorization: _____

Term of Authorization (Please select one): One-Time Authorization Annual Authorization

Type of Authorization (Please select one):

Business License Only Building Permit(s) Only Business License AND Building Permit(s)

PROJECT INFORMATION *If this is an annual authorization or a business license only authorization, please proceed to next section*

Permit Number: _____ Project Address: _____

Scope of Construction Project (or Description of Work): _____

PROPERTY OWNER / BUSINESS OWNER / CONTRACTOR'S INFORMATION

Property Owner / Business / Contractor's Name: _____

Name of Authorization Business Owner / Officer (If Business or Contractor): _____

California State Contractor's License Number (If Applicable): _____

Property Owner / Business / Contractor's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

AUTHORIZED AGENT INFORMATION *Please note that the authorized agent will be required to provide identification at the time of business license and/or building permit application/issuance*

Please check this box if you are authorizing more than one agent and attach a listing of all agents who you authorize to act on your behalf.

Name of Authorized Agent: _____ Phone: _____

Address of Authorized Agent: _____

DECLARATION

I declare under penalty of perjury that I am the authorized owner and/or officer of the above-referenced property, business, and/or contractor license and certify to the accuracy of the contents provided on this authorization form. **(Note: Form notarization or a copy of the property owner's, building owner's, business owner's, and/or license contractor's government-issued identification must be attached to this authorization form).**

If this is an annual authorization, a copy of this authorization form (which has been approved by the City of Barstow) will be required to be submitted for each building permit or business license that is signed by an authorized agent. I acknowledge and authorize that an approved copy of this authorization form shall be as valid as the original. I can revoke this authorization at any time upon written notification to the City of Barstow.

Signature: _____ Printed Name: _____ Date: _____

CITY OF BARSTOW USE ONLY (Rev. 09/2023)		
APPROVED BY: _____	TITLE: _____	AUTHORIZATION EXPIRATION DATE: _____