



## **AUTHORIZED AGENT FORM**

I hereby authorize \_\_\_\_\_ to act as my authorized agent in dealing with Crow Wing County to obtain the following:

Land Use Permit - Contractor License Number \_\_\_\_\_  
Must be a licensed contractor to apply for a Land Use Permit

Shoreland Alteration Permit

Public Hearing       Subdivision Approval

For the following property:

Address \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Phone Number

\_\_\_\_\_  
Authorized Agent Phone Number

\_\_\_\_\_  
Authorized Agent's Mailing Address