

BUILDING INSPECTION DEPARTMENT

(510) 670-5440 • FAX (510) 293-0960 www.acgov.org/pwa/bids.shtml

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AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

[Health and Safety Code 19825]

Excluding the Notice to 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.

Description of Work:	
Project Location or Address:	
Name of Authorized Agent:	_
Address of Authorized Agent:	_
Phone Number of Authorized Agent:	_
I declare under penalty of perjury that I am the property owner for the address listed a personally filled out the above information and certify its accuracy. Property Owner's Signature:	
Print Name:	
Note: A copy of the owner's driver's license, form notarization, or other verification agency is required to be presented when the permit is issued to verify the property ow	
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