

TERRY SCHMIDTBAUER

Director
(707) 784-6765

JAMES BEZEK
Assistant Director
(707) 784-6765

SAEED IRAVANI
Building Official
(707) 784-6765

DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
COUNTY**

675 Texas Street, Suite 5500
Fairfield, CA 94533-6342
(707) 784-6765
Fax (707) 784-4805

www.solanocounty.com

Building & Safety Division

AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF

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.

Scope of Construction Project (or 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 above and I personally filled out the above information and certify its accuracy.

Property Owner's Signature: _____

Date: _____

NOTE: 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. The copy of the document will be returned to your agent.

OFFICE USE ONLY BEYOND THIS POINT

I have verified the driver's license. Signature _____ Date _____