AUTHORIZATION OF AGENT TO ACT ON PERMITTEE'S BEHALF*

I hereby authorize the person identified below to act as my agent to apply for, sign, and file the documents necessary to obtain the permits required for my project. My agent shall receive copies of all notices and communications related to my project unless I have otherwise notified the County.

Project Description:	
	(Brief Summary to Include Permit No., If Available)
Project Location:	
	(Address, APN and other property identification as needed)
Name of Authorized	I Agent:
	(Please Print)
Address of Authoriz	ed Agent:
Phone Number of A	uthorized Agent:
E-Mail Address of A	uthorized Agent:

PERMITTEE ACKNOWLEDGEMENT

I declare under penalty of perjury that I am the permittee for the project at the address listed above, and I personally filled out the above information and certify its accuracy. Further, I agree that I and my agent will abide by all ordinances of the County of Ventura and that any approvals granted for this project will be carried out in accordance with the requirements of the County of Ventura.

ermittee's Name:(Please Print)		
Permittee's Signature:	Date:	
Permittee's E-Mail Address:		
Permittee's Phone Number:		

* A notarized letter from the permittee may be submtited in lieu of this form.