Development Service Center
Hipolito Olmos C.B.O. Building Division
7351 Rosanna Street, Gilroy, CA 95020
Phone: 408 846-0451 Fax: 408 846-0429
Visit us: www.cityofgilroy.org

Authorization To Act As Agent

Authorization to Act as Agent

Date: _____

Permit #: _____

City of Gilroy
Building Life & Environmental Safety Division
7351 Rosanna Street
Gilroy, CA 95020

To whom it may concern:

I am the owner of the property / contractor at: _____

_____ *(Street Address)*

The following work to be performed at that address: _____

_____

_____ *(Description of Project)*

I authorize_____(fill in name) to act as my agent to obtain necessary permits for the work described above.

Furthermore, I agree to defend, indemnify, and hold the City of Gilroy, its elected officials, officers, directors, employees, agents, and volunteers harmless from and against any and all loss, liability, or damages, including reasonable attorneys' fees and/or court costs, arising out of the performance of this contract, except for the sole negligence of the City of Gilroy, its elected officials, officers, directors, employees, agents, and volunteers.

_____
(Property owner / Contractor signature)

_____
(Property owner / Contractor printed name)