COMMUNITY DEVELOPMENT DEPARTMENT
10890 San Pablo Avenue
El Cerrito, CA 94530
Tel.: 510.215.4360

AUTHORIZATION TO ACT AS AGENT

The following form is required to be completed by the **owner** or **contractor** only when designating an *Agent* of the owner or contractor to apply for a construction permit. Please fill items A as agent for owner or fill out items B as agent for contractor.

Project Information
Permit Number:
Project Address: City, State, Zip:
Scope of Work:

A. Agent for Contractor
Contractor Info
Contractor Name: Phone:
Email:
City Business License No: Contractor's License:
Business Name (DBA):

B. Agent for Owner
Owner Info
Owner Name: Phone:
Email:

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign and file the documents necessary to obtain construction permits.

Authorized Agent Info

Name of Authorized Agent:
Phone:
Email:

A. I declare under penalty of perjury that I am the California State Licensed Contractor listed above and I personally filled out the above information and certify its accuracy.

Contractor's Signature: Date:

B. 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.

Owner's Signature: Date: