



Baldwin County Planning and Zoning Department
Agent Authorization Form

I/We authorize and permit _____ to act as my/our representative and agent in any manner regarding this application which relates to property described as tax parcel ID# 05-____-____-____-____-____-____-____-____-____-____, I/We understand that the agent representation may include but not be limited to decisions relating to the submittal, status, conditions, or withdrawal of this application. In understanding this, I/we release Baldwin County from any liability resulting from actions made on my/our behalf by the authorized agent and representative. I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submittal of incorrect information will result in the revocation of this application and any worked performed will be at the risk of the applicant. I understand further that any changes which vary from the approved plans will result in the requirement of a new Land Use Certificate.

**NOTE: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application.*

PROPERTY OWNER(S)

Name(s) [printed]

Mailing Address

City/State

Phone

Fax #

Signature(s)

Date

AUTHORIZED AGENT

Name(s) [printed]

Mailing Address

City/State

Phone

Fax #

Signature(s)

Date