



**COMMUNITY AND ECONOMIC DEVELOPMENT  
Building Division  
P.O. Box 1609, Mammoth Lakes, CA 93546  
TELEPHONE (760) 934-8989 x. 274  
FAX (760) 934-8608**

**AUTHORIZATION OF AGENT TO ACT ON CONTRACTOR'S BEHALF**

*Note: The following Authorization Form is required to be completed by the Contractor only when designating an agent of the contractor to sign for a construction permit on the Contractor's behalf.*

I hereby authorize the following person to act as my agent to sign for a construction permit for:

Scope of Construction Project (Description of Work): \_\_\_\_\_  
\_\_\_\_\_

Project Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

I declare under penalty of perjury that I am the contractor of above listed project and I personally filled out the above information and certify its accuracy. *Note: A copy of the driver's license, form notarization, or other verification acceptable to the Community and Economic Development Department Building Division, is required to verify the signature.*

Contractors Name: \_\_\_\_\_ License # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_