



LETTER OF AUTHORIZATION

Development Services

10 South Oakdale, Room 100
Medford, Oregon 97501
Building Phone: 541-774-6927
Zoning Phone: 541-774-6907
Fax: 541-774-6948

LET IT BE KNOWN THAT _____

Has been retained to act as Agent to perform all acts for development on my property identified below. These acts include: Pre-application Conference, Filing applications and/or other required documents relative to all Zoning Applications, Sewage Disposal Permits and Inspections, Assigning an Address, Road Approach Permits, Manufactured Dwelling Permits, Building Permits, and Mechanical Permits (authorization not useable for Plumbing or Electrical Permits per State regulations).

(Address or Road Name)

TOWNSHIP _____, RANGE _____, SECTION _____, TAX LOT(S) _____

TOWNSHIP _____, RANGE _____, SECTION _____, TAX LOT(S) _____

THE COSTS OF THE ABOVE ACTIONS, WHICH ARE NOT SATISFIED BY THE AGENT, ARE THE RESPONSIBILITY OF THE UNDERSIGNED PROPERTY OWNER.

PROPERTY OWNER:

This authorization is valid for 1 year; 2 years; Other _____ (Must select one)

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ FAX: _____

EMAIL: _____

CHECK ONE: APPLICANT AGENT

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ FAX: _____

EMAIL: _____

Additional, if necessary – **CHECK ONE:** APPLICANT AGENT

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ FAX: _____

EMAIL: _____