



**CITY OF CALISTOGA  
BUILDING DIVISION**

1232 Washington Street, Calistoga, CA 94515 • 707-942-2827

**AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF**

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following company to apply for, sign, and file the documents necessary to obtain a Building Permit for my project.

**APPLICATION PERMIT No.:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_ Calistoga CA

**Company & Authorized Agent: Print please:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

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

\_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I reviewed the above information and certify its accuracy.

**Property Owner's Signature:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_