

AGENT AUTHORIZATION FOR CAMA PERMIT APPLICATION

Name of Property Owner Requesting Permit: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

I certify that I have authorized _____,
Agent / Contractor

to act on my behalf, for the purpose of applying for and obtaining all CAMA permits
necessary for the following proposed development: _____

at my property located at _____,

in _____ County.

*I furthermore certify that I am authorized to grant, and do in fact grant permission to
Division of Coastal Management staff, the Local Permit Officer and their agents to enter
on the aforementioned lands in connection with evaluating information related to this
permit application.*

Property Owner Information:

Signature

Print or Type Name

Title

_____/_____/_____
Date

This certification is valid through ____/____/____