

Owner's Signature

Date

2600 Fresno Street-Third Floor Fresno, California 93721-3604 (559) 621-8277 Jennifer K. Clark, AICP, HDFP Director

## **Letter of Owner Authorization**

## Name and Address of Owner(s) of the Property City:\_\_\_\_\_\_State:\_\_\_\_\_ Zip Code: Phone: Email: To Whom It May Concern: This letter confirms that I, [Name of Owner(s)]\_\_\_\_\_do herby grant authorization to [Name , residing at [Address of authorized of authorized person]\_\_\_\_\_ person]\_\_\_\_\_, to act as my representative for the following Permit Application(s): \_\_\_\_\_ ii. \_\_\_\_ ii. \_\_\_\_ iii. This authorization grants the authorized person to act on my behalf in matters limited to only the permit application(s) referenced above. The authorized person is not authorized to take any action that is illegal, unethical, harmful to my interests, and/or violates the laws of the State of California or the Municipal Code and Charter of the City of Fresno, California. This authorization is valid from [Start Date] to [End Date] (unless revoked earlier). It may be revoked by me at any time by providing written notice to the authorized person and the City of Fresno. I understand and agree that any misrepresentation or false statement made by me in this letter of authorization constitutes a violation of law punishable under the laws of the State of California. Sincerely, Authorized Person's Printed Name Owner's Printed Name

Authorized Person's Signature

Date