



CITY OF SUFFOLK

441 MARKET STREET, P.O. BOX 1858, SUFFOLK, VIRGINIA 23439-1858

PHONE: (757) 514-4150 FAX: (757) 514-4199

DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

AUTHORIZATION FOR AN AGENT TO ACT ON PROPERTY OWNER'S BEHALF

(This document must be notarized)

I hereby authorize the following person(s) to act as my agent(s) to apply for, sign and file the documents necessary to obtain a permit for my property. I hereby certify that I am the owner of record of the herein described property. I agree to conform to all applicable state and local regulations, rules and policies and as such shall be deemed a condition of obtaining the permit.

Name of Authorized Agent

Address of Authorized Agent

Phone Number of Authorized Agent

Time frame agent is authorized to act on Owners behalf

Scope of Construction (Description of work)

Address of project location

Tax Map Number

Parcel Account Number

I declare under penalty of perjury that I am the property owner for the address and/or parcel listed and I personally filled out the above information and certify its accuracy.

Printed Name of Property Owner

Signature of Property Owner

Date

Owner Contact Phone Number

Certificate of Acknowledgment:

City/County of _____

Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ___ day of ___, 20 ___ by

(Name of person seeking acknowledgment)

Notary Public

Notary registration number: _____

My commission expires: _____