



AUTHORIZED AGENT FORM

I hereby authorize _____ to act as my authorized agent in dealing with Crow Wing County to obtain the following:

_____ **Land Use Permit – Contractor License Number** _____
Must be a licensed contractor to apply for a Land Use Permit

_____ **Shoreland Alteration Permit**

_____ **Subdivision Approval**

_____ **Public Hearing PCBOA**

_____ **Boundary Line Adjustment**

For the following property:

Address: _____

Parcel Number(s): _____

Property Owner Signature

Date

Property Owner Phone Number

Authorized Agent Phone Number

Authorized Agent's Mailing Address

Authorized Agent's Email Address

Our Vision: Being Minnesota's favorite place.
Our Mission: Serve well. Deliver value. Drive results.
Our Values: Be responsible. Treat people right. Build a better future.

Land Services Department
Gary Griffin, Director
322 Laurel Street
Suite 15
Brainerd, MN 56401
Office: (218) 824-1010
www.crowwing.us