



TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301
Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

AUTHORIZATION FORM

PROJECT ADDRESS:

LEGAL DESCRIPTION:

PERMIT NUMBER :

This document shall service to notify the County of Twin Falls that I am / we are the legal owner(s) of the property described above and do authorize the person indicated below ("Authorized Agent") to act on my/our behalf on all matters pertaining to the referenced Zoning or Building Permit Application for the above referenced property. In addition, I/we have read and understand the application requirements of the Zoning/Building permit application form and authorize the Authorized Agent to sign the Building/Sign permit Application on my/our behalf.

NAME OF PROPERTY OWNER(S):

MAILING ADDRESS:

CITY:

POSTAL CODE:

EMAIL:

PHONE:

SIGNATURE:

PRINT NAME:

DATE:

SIGNATURE:

PRINT NAME:

DATE:

NAME OF AUTHORIZED AGENT (APPLICANT):

COMPANY:

MAILING ADDRESS:

CITY:

POSTAL CODE:

EMAIL:

PHONE:

SIGNATURE:

DATE:

Note

All registered owners of the property shall sign this Authorization Form. Use additional sheets if necessary. New Authorization Forms shall be submitted to the County if ownership of the property changes prior to issuance of the Zoning or Building Permits or before final approval is granted.