



NOTICE AUTHORIZING REPRESENTATIVE

I, _____ (property owner), have authorized _____ (authorized representative), to act as my agent in performing the activities necessary to obtain services provided by Deschutes County Community Development Department. I agree that any costs not satisfied by the Authorized Representative are my responsibility. Authorization expires 12 months from Owner’s signature.

PROPERTY IDENTIFICATION:

Property Address: _____

Tax account number or serial number: _____

Project Description: _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

Acknowledgements

Incomplete Submittal

Your application for plan review is not considered complete and will not be accepted for review until our office receives all of the items noted on the Building Permit Application Checklist. If the submittal packet is found to be incomplete at the time of plan review your project will be put on hold until the missing items are received. Once the missing information is received, your project will be put back in the plan review queue based on the date it was deemed a complete submittal.

Zoning Setback

The inspector's review of zoning setbacks is based on information provided by the applicant. Only a State of Oregon Licensed land surveyor can certify the correct location of this building on this lot. Deschutes County Community Development Department strongly recommends that the applicant retain a licensed land surveyor to verify the zoning setbacks applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant and the applicant accepts all risks associated with any inaccurate information contained in the County's setback review because the County is relying on information provided by the applicant.

By signing, I acknowledge that all information contained in this checklist is true to the best of my knowledge.

Authorized Representative

 Representative's Signature Date

 Print Name

Owner

 Owner's Signature Date

 Print Name

OR