



# OWNER/AGENT AUTHORIZATION FORM

## RECORD INFORMATION

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DATE:

RECORD ID#:

## PROPERTY INFORMATION

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Project Site Address:

Assessor Parcel Number (APN):

## OWNER'S INFORMATION

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Name:

Mailing Address:

ZIP:

Email:

Phone:

## APPLICANT'S INFORMATION

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Name:

Company:

Mailing Address:

ZIP:

Email:

Phone:

## OWNER'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

- a. The undersigned is the owner of this property.
- b. The information presented is true and correct to the best of my knowledge.
- c. I understand that any information provided becomes part of the public record and can be made available to the public for review and posted to City websites.
- d. I hereby authorize the Applicant listed above to act as my agent in my behalf on all matters before the City of Santa Barbara Community Development Department pertaining to development on the property listed above.

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*Owner's Signature*

*Date*

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*Owner's Name (printed)*