



City of Santa Barbara

OWNER/AGENT AUTHORIZATION FORM

DATE: _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE _____
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 BELOW.

PROJECT ADDRESS:

PROPERTY OWNER:

NAME: _____
(PRINT)

(SIGNATURE)

ADDRESS: _____

(CITY, STATE ZIP CODE)

EMAIL: _____

PHONE NO: _____

AGENT:

NAME: _____
(PRINT)

ADDRESS: _____

(CITY, STATE ZIP CODE)

EMAIL: _____

PHONE NO: _____