



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(970) 400-6415
1555 N 17th Ave
Greeley, CO 80631

Authorization Form

I, (We), _____, give permission to _____
(Owner – please print) (Authorized Agent/Applicant – please print)

to apply for any **Planning, Building, Access, or OWTS** permits on our behalf, for the property located at
(address or parcel number) below:

Legal Description: _____ of Section _____, Township _____N, Range _____W

Subdivision Name: _____ Lot _____ Block _____

Property Owner Information

Address: _____

Phone: _____ Email: _____

Authorized Agent/Applicant Contact Information:

Address: _____

Phone: _____ Email: _____

Correspondence to be sent to: ☐ Owner ☐ Authorized Agent/Applicant

by: ☐ Mail ☐ Email

Additional Information:

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____