Town of Jackson
150 E Pearl Avenue
PO Box 1687, Jackson, WY 83001
P: (307)733-3932 F: (307)739-0919
www.jacksonwy.gov

Date:

LETTER OF AUTHORIZATION

NAMING APPLICANT AS OWNER'S AGENT

PRINT full name of property owner as listed on the deed when it is an individual OR print full name and title of President or Principal Officer when the owner listed on the deed is a corporation or an entity other than an individual :_____

Being duly sworn, deposes and says that_____is the owner in fee of the premises located at:
Name of property owner as listed on deed

Address of Premises:_____

Legal Description:_____
Please attach additional sheet for additional addresses and legal descriptions

And, that the person named as follows: Name of Applicant/agent:_____

Mailing address of Applicant/agent:_____

Email address of Applicant/agent:_____

Phone Number of Applicant/agent:_____

Is authorized to act as property owner's agent and be the applicant for the application(s) checked below for a permit to perform the work specified is this(these) application(s) at the premises listed above:

☐ Development/Subdivision Plat Permit Application ☐ Building Permit Application

☐ Public Right of Way Permit ☐ Grading and Erosion Control Permit ☐ Business License Application

☐ Demolition Permit ☐ Other (describe)_____

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing on behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

_____
Property Owner Signature

_____
Title if signed by officer, partner or member of corporation, LLC (secretary or corporate owner) partnership or other non-individual Owner

STATE OF_____)
) SS.
COUNTY OF_____)

The foregoing instrument was acknowledged before me by_____this_____
day of_____. WITNESS my hand and official seal.

_____
Notary Public

My commission expires: