

Traverse County
Land Use Management
PO Box 487
Wheaton, MN 56296
320-759-1560

TRAVERSE COUNTY - STATEMENT OF AUTHORIZATION

Revised 4/30/2020

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------|
| Property Owner's Name: | | |
| Authorized Agent's Name: | Business Name (if Applicable): | |
| Agent's Address (Street, City, State, Zip Code): | | |
| Agent's Preferred Phone: | Agent's Secondary Phone: | Agent's Email Address: |
| I hereby authorize _____ to act on my behalf as my agent in the processing of this application and to furnish, upon request, supplemental information in support of this permit application. | | |
| Owner's Signature: _____ | | Date: _____ |