

DEPARTMENT OF RESOURCE MANAGEMENT

Planning Division

1855 Placer Street, Suite 103 Redding, California 96001 Phone: (530) 225-5532 Fax: (530) 245-6468

Web: shastacounty.gov/planning Email: resourcemanagement@co.shasta.ca.us

Notarized Statement of Agency

	I, the undersigned, am an owner of a record title interest in the property involved with this propose	d project.
I hereb	eby appoint as my agent(s) for pu	urposes of
this pro	project, as set forth below.	
	My agent(s) is/are hereby authorized and empowered to: (check as appropriate)	
	Represent me in all matters relating to the proposed project, except execution of certificates of offers of dedication, dedications, and agreements to construct improvements;	ownership,
	OR	
	Submit the application(s) and related information to the Planning Division;	
	Represent me before the Planning Commission or Board of Supervisors;	
	Consent to conditions imposed if and when the application(s) is/are approved;	
	Represent me before the Board of Supervisors in case of appeal.	
by all t	I agree to be bound by all the representations, drawings and statements tendered by my agent(s) to asta for purposes of this proposed project as if the same were made by me personally. I further agree to the conditions imposed by the County of Shasta on the approval of this proposed project pursuant the Shasta County Ordinance Code.	o be bound
Depart	I understand that I may revoke the authority granted by this statement at any time by written not rtment of Resource Management, Planning Division, 1855 Placer Street, Suite 103, Redding, CA 96001.	
SIGNAT	ATURE OF OWNER(S):	
(Note:	e: Signature of Owner(s) must be notarized)	

Notarized Statement of Agency

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Califor	nia, County of Shasta	
On	before me,	, Notary Public, personally appeare
acknowledged	to me that he/she/they executed the ignature(s) on the instrument the pers	who proved to me on the basis of name(s) is/are subscribed to the within instrument and e same in his/her/their authorized capacity(ies), and that becon(s) or the entity upon behalf of which the person(s) acted
I certify under and correct.	PENALTY OF PERJURY under the laws or	f the State of California that the foregoing paragraph is true
WITNESS my ha	and and official seal.	
Signature		(Seal)

(Rev: 07-27-22)