



**CAMA MINOR PERMIT
AGENT AUTHORIZATION FORM**

Date _____

Name of Property Owner Applying for Permit: _____

Mailing Address: _____

I certify that I have authorized (name of agent) _____ to
act on my behalf, for the purpose of applying for and obtaining all CAMA Permits
necessary to install or construct (describe activity) _____

_____ ,

at my property located at _____ .

This certification is valid thru (date) _____ .

Property Owner Signature

Date