

## **Department of Building Safety**

101 4th Street East, Hastings, MN 55033 Phone: 651-480-2342 Email: <u>building@hastingsmn.gov</u> <u>www.Hastingsmn.gov</u>

## **Authorized Agent Form**

Pursuant to the Minnesota State Building Code, an owner or authorized agent who intends to construct, alter or repair a building or structure or cause any such work to be done, is required to first apply for and obtain the required permit. Property owners may authorize an agent to submit permit applications and other documents on their behalf after signing the acknowledgment below. MN Rules 1300.0120

## **Owner Statement**

I am the owner of the property at the address indicated below. By my signing this form, I hereby authorize the listed agent to act as my authorized agent in the submission of an application for required permits for the work at the address listed below.

Property Address		
Work Description:		
Owner Name (print name)		
Owner signature	Date	
Authorized Agent Statement As the authorized agent I am given the authority by th property address listed above. I understand that a r permit application. Permit applications for other tr §326B.701	registered building contractor is required o	n the building
Authorized agent (print name)		
Authorized agent signature	Date	