



City of Hollister
Community Development Department

Building Division

339 Fifth Street, Hollister, CA. 95023

(831) 636-4355

Email: permitcenter@hollister.ca.gov

Website: hollister.ca.gov

AUTHORIZATION OF AGENT TO ACT ON PROPERTY

[Health and Safety Code 19825] I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain a Building Permit for my project.

Project Location or Address: _____

Name of Authorized Agent: _____

Email Address of Authorized Agent: _____

Phone Number of Authorized Agent: _____

I declare under penalty of perjury that I am the authorized Contractor for the address listed above and I personally filled out the above information and certify its accuracy.

Contractor's Signature: _____

Date: _____

Print Name: _____

Note: A copy of the Contractor's license or other verification acceptable to the City of Hollister is required to be on file when the permit is issued to verify the property owner's signature.