



City of Woodland

Community Development Department, 300 First Street, Woodland CA 95695, (530) 661-5820 fax (530) 406-0832

LETTER OF AGENCY

If the applicant is not the owner of record of the subject site, a Letter of Agency from the owner, or the owner's authorized representative must be submitted which grants the applicant permission to apply for the requested entitlements(s). The Letter of Agency must be notarized.

Date: _____

To: City of Woodland
Community Development Department
300 First Street
Woodland, CA 95695

Community Development Department:

To apply for the entitlement(s) listed below

<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Zoning Amendment	<input type="checkbox"/> Tentative Subdivision Map
<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Specific Plan Amendment	<input type="checkbox"/> Lot Line Adjustment
<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Planned Development
<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> Design Review	<input type="checkbox"/> Zoning Administrator Permit
<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Cannabis Business Permit	<input type="checkbox"/> Cannabis Conditional Use Permit
Is this request part of another application? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other: _____	

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ Phone: _____

Applicant's Address: _____

The subject property is located at: _____

Assessors Parcel Number: _____

Signature of Owner(s) of Record (must be an original signature)

Print Legal Owner(s) of Record Name

Address of Legal Owner (*attach title report*)

Phone: _____

E-mail Owner(s) of Record: _____

State of California }
 } ss.
County of _____ }

On _____, before, me _____, personally appeared
_____.

- Personally know to me Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal: _____
Signature of Notary Public