



AUTHORIZED AGENT DESIGNATION FORM

INSTRUCTIONS

If you would like to designate an authorized agent to submit a request on your behalf related to your personal information, please complete this form in its entirety. A signed and notarized copy of this form must be submitted to us at the appropriate address below. Please note, if the Town of Irmo is unable to verify the identity of the individual submitting this form (the “Owner”), we may ask for additional information or documents for verification purposes.

Email the completed form to: permits@townofirmosc.com

Note: Please retain the original form with notary.

1. OWNER INFORMATION

Full Name
Address
Phone
Email

2. AUTHORIZED AGENT INFORMATION

Full Name
Address
Phone
Email



3. AUTHORIZATION/DESIGNATION OF AGENT

I/we, Owner, authorize the person named as Authorized Agent to act on my/our behalf for the following: Submit Documents, Amend Documents, Meet with Staff, Attend Public Meetings/Hearings.

By signing below and submitting this Authorization Designation form, I am affirming the following:

I/we am the owner whose name appears above and the information provided on this form is true and accurate. I grant the Authorized Designation of Agent permission to act on my/our behalf for the items listed above. I understand that I may be contacted directly in order to verify my identity and confirm designation of my Authorized Designation of Agent.

Signature of Owner	Today's Date (mm/dd/yy)
--------------------	-------------------------

4. NOTARY INFORMATION

I, _____, do hereby confirm that on this _____ day of _____, 20____, the person named _____, appeared before me and has proven to be the individual named in section 1. (owner information) of the preceding document.

Signature of Notary Public	Notary Seal
Commission Expiration Date (mm/dd/yy)	