Boise County Planning and Zoning Department

413 Main Street, PO Box 1300 Idaho City, Idaho 83631 Phone: 208-392-2293 www.boisecounty.us



AFFIDAVIT OF LEGAL INTEREST and Letter of Authorization

	, "Owner" whose address is		
City	State	Zip	
s owner of property more specifically described as:			

HEREBY AUTHORIZES

A

__as Agent to represent and act

for the Owner in making application for and receiving and accepting on Owners behalf, any permits or other action by the Boise County Board of Commissioners, Boise County Planning and Zoning Commission, Boise County Planning and Zoning Staff, and or other Boise County Departments relating to the modification, development, planning, platting, re-platting, improvements, use or occupancy of land in Boise County, Idaho. Owner agrees that; Owner is or shall be deemed conclusively to be fully aware of and to have authorized and/or made any and all representations or promises contained in said application of any Owner information in support thereof, and shall be deemed to be aware of and to have authorized any subsequent revisions, corrections or modifications to such materials. Owner acknowledges and agrees that; Owner shall be bound and shall abide by the written terms or conditions of issuance of any such named representative, whether actually delivered to Owner or not. Owner agrees that no modification, development, platted or re-platting, improvement, occupancy, or use of any structure or land involved in the application shall take place until approved by the appropriate official of Boise County, Idaho, in accordance with applicable codes and regulations.

Owner agrees to pay any fines and be liable for any other penalties arising out of failure to comply with the terms of any permit or arising out of any violation of applicable laws, codes, or regulations applicable to the action sought to be permitted by the application authorized herein.

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing on the behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

OWNER:

(Signature of Owner)	(Print Name)	(Title)
(Signature of Owner)	(Print Name)	(Title)
(Signature of Owner)	(Print Name)	(Title)
(Secretary or Corporate Owner)	(Print Name)	
NOTARY STATE OF IDAHO) ss COUNTY OF)		(seal)
SUBSCRIBED and sworn to before me by on this day of	, 20	
Notary Public My Commission expires on:	Date	