



AUTHORIZED AGENT FORM

I hereby authorize Rick Adams to act as my authorized agent in dealing with Crow Wing County to obtain the following:

Land Use Permit - Contractor License Number _____
Must be a licensed contractor to apply for a Land Use Permit

_____ Shoreland Alteration Permit

Public Hearing _____ Subdivision Approval

For the following property:

Address _____

Parcel Number(s) 682 90618

Debra J. Schaufheit
Debra J. Schaufheit - Trustee _____ 10-12-24
Property Owner Signature Date

651-~~651~~ 983-6177
Property Owner Phone Number

218-839-4800
Authorized Agent Phone Number

1635 E. Ponto Lake Rd NW, Backus, MN 56435
Authorized Agent's Mailing Address