

**N.C. DIVISION OF COASTAL MANAGEMENT**  
**AGENT AUTHORIZATION FORM**

**Date** \_\_\_\_\_

**Name of Property Owner Applying for Permit:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**I certify that I have authorized (agent) \_\_\_\_\_ to act on my behalf, for the purpose of applying for and obtaining all CAMA Permits necessary to install or construct (activity) \_\_\_\_\_, at (my property located at) \_\_\_\_\_.**

**This certification is valid thru (date) \_\_\_\_\_.**

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Date**