



**AUTHORIZATION TO MAKE APPLICATION BY AGENT  
CITY OF UNALASKA, ALASKA**

Department of Planning  
PO Box 610  
Unalaska, Alaska 99685-0610  
PHONE (907) 581 3100 FAX (907) 581 4181  
Email: [planning@ci.unalaska.ak.us](mailto:planning@ci.unalaska.ak.us)  
Website: [www.ci.unalaska.ak.us](http://www.ci.unalaska.ak.us)

I/WE \_\_\_\_\_ ARE THE OWNERS OF

(LEGAL DESCRIPTION OF PROPERTY)

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

TRACT \_\_\_\_\_ USS \_\_\_\_\_

SECTION(S) \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_

LOCATED WITHIN THE CITY OF UNALASKA AND DO HEREBY AUTHORIZE (APPLICANT NAME) \_\_\_\_\_

\_\_\_\_\_ TO MAKE APPLICATION AS MY/OUR AGENT  
FOR :

(CHECK THE APPROPRIATE BOX)

CONDITIONAL USE

PLAT

VARIANCE

ZONE AMENDMENT

PUD

TIDELAND LEASE

AND ACKNOWLEDGE THAT (I AM / WE ARE) AS FULLY BOUND BY THE TERMS OUTLINED IN TITLE 7 AND 8 UCO AND RELATED POLICIES AND REGULATIONS FOR THE ACTION APPLIED FOR AS THOUGH I/WE HAD MADE APPLICATION FOR SUCH ACTION MYSELF/OURSELVES.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR \_\_\_\_\_

(SEAL)

MY COMMISSION EXPIRES: \_\_\_\_\_