

# Right-of-Way Cafe Application Letter of Authorization

Planning & Inspections



## OWNER/AGENT INFORMATION

Owner (Business or Property)

Authorized Agent

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Fax Number

Fax Number

Email Address

Email Address

Contact Name (if different than above)

Contact Name (if different than above)

## TO WHOM IT MAY CONCERN

As owner(s), I/we authorize:

Authorized Agent Name

to act as Permittee for the SDOT Street Use Permit for the property located at:

Project Address

Owner's Signature:

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Owner's Printed Name:

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Date:

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