



**BROOKINGS COUNTY DEVELOPMENT DEPARTMENT
AUTHORIZATION OF AGENT
TO ACT ON PROPERTY OWNER'S BEHALF**

I hereby authorize the person identified below to act as my agent and to apply for, sign, and file the documents necessary to obtain the necessary permit(s) required for my project (excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility). I understand I will no longer be the primary contact and that my agent should solely receive copies of all notices and communications related to my project unless I have otherwise notified the county.

Date: 9/8/14
 Project description (include permit # if available): 2014 CU DU CLASS A DAIRY 5,500 AU
 Project location (address/legal description): NE 1/4 of the SE 1/4, N 1/2 of the SE 1/4 of Section 10, T112N, R48W
 Name of authorized agent: MICHAEL CRANION of KILLESKILLEN LLC
 Signature of authorized agent: [Signature]
 Phone number of authorized agent: 605-691-1045
 Email of authorized agent: MCRANION@ADL.COM

PROPERTY OWNER ACKNOWLEDGEMENT

I am the property owner for the project address listed above and I personally filled out the above information and certify its accuracy. Further, I agree that I and my agent will abide by all ordinances of Brookings County in regards to this project/property and that any approvals granted for this project will be carried out in accordance with the requirements of Brookings County.

Property owner name (please print): JEFF MERSPERGEN
 Property owner's signature: [Signature] Date: 9/17/14
 Phone number of property owner: 605-690-6398
 Email of property owner: _____

Note: A copy of the owner's driver's license, notarization, or other verification acceptable to the agency may be requested and submitted with this form to verify property owner's signature. Authorization of an agent does not remove any former responsibility required of the property owner.

Staff initials:

Date:



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Date: 9/8/14
Project description (include permit # if available): 2014 CU 011 CLASS A DAIRY 5500 AU
Project location (address/legal description): NE 1/4 of Section 10, T112N, R48W
Name of authorized agent: MICHAEL CRINION of KILLESKILLEN LLC
Signature of authorized agent: Michael Crinion
Phone number of authorized agent: 605-691-1045
Email of authorized agent: MCRINION@BDL.COM

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Property owner name (please print): LC OLSON LLP
Property owner's signature: Carol Olson Date: 9/17/14
Phone number of property owner: 605-359-5213
Email of property owner: CARDLOLSON@GMAIL.COM

Note: A copy of the owner's driver's license, notarization, or other verification acceptable to the agency may be requested and submitted with this form to verify property owner's signature. Authorization of an agent does not remove any former responsibility required of the property owner.

Staff initials:

Date:



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Date: 9/8/14

Project description (include permit # if available): 2014 CU 011 CLASS A DAIRY 5,500 AU

Project location (address/legal description): NE 1/4 of the NE 1/4 of the SE 1/4 of Section 10, T112 N, R 48 W

Name of authorized agent: MICHAEL CRINION of KILLESKILLEN LLC

Signature of authorized agent: [Signature]

Phone number of authorized agent: 605-691-1045

Email of authorized agent: MCRINION@ADL.COM

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Property owner name (please print): CHRIS MEREDITH

Property owner's signature: [Signature] Date: 9/17/14

Phone number of property owner: 605-690-6395

Email of property owner: _____

Note: A copy of the owner's driver's license, notarization, or other verification acceptable to the agency may be requested and submitted with this form to verify property owner's signature. Authorization of an agent does not remove any former responsibility required of the property owner.

Staff initials:

Date: