AUTHORIZATION SIGNATURES FOR ZONING APPROVALS

THE STATEMENTS BELOW MUST BE SIGNED BY THE PROPERTY OWNER (OR THE OWNER AGENT ON BEHALF OF THE PROPERTY OWNER) <u>AND</u> THE APPLICANT AS SPECIFIED:

APPLICANT DETAILS		
APPLICATION TYPE:		
PROPERTY ADDRESS: _		
APPLICANT SIGNATURE		
I hereby certify that I have authorize permit is issued the construction	and/or use will conform to the Zoning	application, that the information is complete, and that if a Ordinance, the Building Code, applicable laws, and the property. I further certify that I have received and read
Applicant Signature (REQU	IRED)	Date
Applicant Name (PRINTED)		
Phone	Email	
DDODEDTY OWNED OD OV	ANIED ACENT CICNATURE (ONE RI	TOURS N
PROPERTY OWNER OR OV	WHER AGENT SIGNATURE (UNE R	EQUIRED)
I hereby authorize this application	on-as presented by the applicant to be co and regulations, which relate to the pro	nducted in conformance to the Zoning Ordinance, the perty.
Property Owner Signature		Date
Property Owner Name (PRIN	NTED):	
Phone:		Email:
AGENT (representing the of I hereby certify that I have the a this application.		ation and represent the owner's interest related to
Agent Signature		Date
Agent Name (PRINTED)		
Phone	Email	
Please check the relationship	to owner: Management Compan	y 🗆 Other: