

Property Owner Certification

Application Type			
Code Text Amendment (Rezoning) \square	Planned Unit Development \square	Small Planned Unit Develo	pment \square
Zoning Board of Appeals Variance \Box	Site Plan Approval \square	Site Plan Modification \Box	
Special Use Permit \square	Administrative Special Use Permit	\square Temporary Use Permit \square	
Project Information			
Name of Project*:			
Property Address*:			
If property address is not assigned, ple	ase indicate block number.		
Geo Number (Tax ID #)*:			
Property Owner Contact Information			
Check here if primary contact \square			
First Name*	Last Name*	Business Name	
Mailing Address			
Address*	City*	State* Zip C	ode*
Email: *			
Primary Phone Number: *			
Secondary Phone Number:			
Authorized Representative (check app	propriate response)		
☐ I will (Property Owner) will repres	ent myself; or I hereby designate		(name of projec
representative) to act in the capacity a	s my agent for submittal, processing,	representation, and/or presenta	tion of this request.
Acknowledgment I hereby certify that I am the owner of	the property and further cortify that	the information regarding the pr	onorty ownership
provided as a part of this application is		the information regarding the pr	operty ownership
provided as a part of this application is	strue and correct.		
Property Owner Signature	Date		