

BAINBRIDGE TOWNSHIP
Letter of Authorization and Representation

Individual/ Company ** Name: _____
(Applicant)

Street Address: _____

City/State/Zip _____

Phone Number(s): _____ E-mail Address _____

I/We _____, owner(s)** of the property located at:

hereby authorize _____ (as listed above) to act as my/our designated agent and representative in the following zoning matter(s) before Bainbridge Township and acknowledge that any variance decision may permanently effect property rights and is legally binding:

Application for Zoning Certificate Variance Application Conditional Use Application
(check all that apply)

Explanation of Request(s): _____

Property Owner(s) Signature(s) Printed Name(s) Date

Property Owner(s) Signature(s) Printed Name(s) Date

Property Owner's -- Mailing Address: _____

Phone Number(s): _____ E-mail Address: _____

* **Attach a copy of the property deed or other documentation verifying property ownership.**

** Attach corporate resolution, if applicable.

Sworn to and subscribed in my presence, this _____ day of _____, 20_____.

Notary Public