



Bainbridge Township
17826 Chillicothe Road
Chagrin Falls, Ohio 44023
(440) 543-9871

www.bainbridgetwp.com
Email: zoning@bainbridgetwp.com

CONSENT LETTER OF AUTHORIZATION AND REPRESENTATION

DATE RECEIVED:
(OFFICE USE)

APPLICATION NO. _____

FACILITY FILE NO. _____

I/WE _____
Print Name(s)

The undersigned owner(s) of the real property located at:

Street Address _____ City _____ State _____ Zip Code _____

Phone Number: (_____) _____ Email: _____

Do hereby authorize _____ located at
Print Name and Name of Company (if applicable)

Street Address _____ City _____ State _____ Zip Code _____

Phone Number: (_____) _____ Email: _____

To act as my/our authorized representative regarding the following application to be submitted to the Bainbridge Township Zoning Department:

Application for a Zoning Certificate

Application for a Conditional Zoning Certificate

NOTARY PUBLIC

State of Ohio

County of _____

_____, do hereby certify that I/We am/are the owner(s) of record of the real property identified herein and that the foregoing authorization is my/our free act and deed for the purposes expressed herein.

Signature(s) of Owner(s) _____ Print Name(s) _____ Date _____

Sworn to and subscribed before me at _____ this _____ day of

_____, 20_____.

Notary Public: _____

Signature

Print Name

My Commission Expires: _____ Notary Seal: