

25 West Market Street 20176 ■703-771-2765 ■ Fax: 703-771-2724 ■ www.leesburgva.gov

Property Owner's Consent & Authorization Form

Property Owner's Consent is required for all Planning and Zoning Applications. A completed and signed copy of this form is required to be included with <u>every</u> application submittal. If the Property Owner is an organization/entity, proof of signature authority on behalf of the organization/entity must be attached to this form. The Property Owner may designate an Authorized Representative to act on behalf of the Property Owner.

- This Owner's Consent Form authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to determine compliance with applicable codes, regulations, and ordinances.
- The Owner or Authorized Representative is solely responsible for the accuracy of the application documentation (forms and drawings/exhibits).
- The Owner or Authorized Representative is solely responsible for the accuracy and coordination of submitted application documentation (forms and drawings/exhibits) to the Town or other jurisdictions requiring permit approval.
- The Owner or Authorized Representative is solely responsible for scheduling any required inspections prior to commencement of the use and/or completion of improvements to the property.

| Authorization by Property Owner(s) | |
|---|--|
| I | |
| (property owner's printed legal name; including signate | ory name and title if signing for a company) |
| or the authorized representative(s) listed below agree to su | |
| representative/point of contact for this Application. I further | * * |
| property at | the committee of the |
| | • |
| Property Owner's Signature: | Date: |
| Authorized Representative In | formation |
| This area should be completed only if someone other than the property owner | er of record is submitting the application. |
| I, | , |
| (authorized representative(s) p | printed legal name and associated company) |
| confirm that I am the authorized representative for thi | s Application and understand the |
| requirements as noted above will be met throughout the course | se of this application. |
| Authorized Representative Signature: | Date: |