



Village of Minerva Park

**PLANNING & ZONING**  
2829 MINERVA LAKE RD  
COLUMBUS OH 43231  
PHONE: 614-882-5743  
FAX: 614-882-0701

PERMIT NO: _____
MP NO. _____
RECD BY _____ DATE: _____

## AUTHORIZATION CONSENT FORM

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications

### **AUTHORIZATION FOR OWNER’S APPLICANT OR REPRESENTATIVE(S)** *If the applicant is not the property owner, this section must be completed*

I, \_\_\_\_\_, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize \_\_\_\_\_ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **AUTHORIZATION TO VISIT PROPRTY**

I, \_\_\_\_\_, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice (if applicable) on the property as described in this application.

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **AGREEMENT TO COMPLY AS APPROVED**

I, \_\_\_\_\_, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plan shall be submitted for the review and approval to the Planning and Zoning Division staff

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_