

PROPERTY OWNER CONSENT FORM
BRIMFIELD TOWNSHIP PORTAGE COUNTY, OHIO
TELEPHONE: 330-678-0739 FAX: 330-678-6626

ZONING CERTIFICATE NUMBER: _____ **DATE:** _____

OWNER: _____

PARCEL NO. - _____

OWNER ADDRESS: _____

OWNER TELEPHONE: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE: _____

APPLICANT CONTACT: _____

I, _____, the owner of the parcel (listed above) grant permission and consent for the applicant to request a zoning permit for an improvement to my property from the Brimfield Township Zoning Department on my behalf. I understand the original permit will be in the applicant's possession; any copies of the permit would be given by the applicant.

OWNER SIGNATURE: _____

DATE: _____

APPLICANT SIGN OFF: _____

DATE: _____