CITY OF PROVIDENCE

DEPARTMENT OF INSPECTION + STANDARDS - ZONING DIVISION

ATTESTATION/OWNER AUTHORIZATION FOR APPLICATION FOR ADMINISTRATIVE MODIFICATION

ATTESTATION

The undersigned acknowledge(s) that the statements in the application herein and in any attachments or appendices are true and accurate, and that providing a false statement in this application may be subject to criminal and/or civil penalties as provided by law, including prosecution under the State and Municipal False Claims Acts. ***Owner(s)/Applicant(s) are jointly responsible with their attorney(s), if any, for any false statements. As indicated in the application instructions, neither the application nor this attestation may be signed by an attorney on behalf of their client(s).***

Address, Plat, and Lot of Subject Property: _____

Owner(s)	**Applicant(s)**
Name:	*Name:*
_____	_____
Signature:	*Signature:*
_____	_____
Date:	*Date:*
_____	_____

OWNER AUTHORIZATION

To be completed if the online application is being filled out and submitted by someone other than the Owner of the subject property.

This is to certify that I _____ ,

authorize _____ to submit this Administrative Modification Application on my behalf for the property located at

_____.

Property Owner Name:	*Property Owner Signature:*
_____	_____

Date: _____