

# CITY OF PROVIDENCE ZONING BOARD OF REVIEW

DEPARTMENT OF INSPECTION + STANDARDS

444 Westminster Street, 1<sup>st</sup> Floor, Providence, Rhode Island 02903

## ATTESTATION/OWNER AUTHORIZATION FOR APPLICATION FOR VARIANCE AND/OR SPECIAL USE PERMIT

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### 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).***

*The undersigned further acknowledge(s) and agree(s) that members of the Zoning Board of Review and its staff may enter upon the exterior of the Property in order to view the Property prior to any hearing on the application.*

*Address, Plat, and Lot of Subject Property:* \_\_\_\_\_

#### **Owner(s)**

*Name:*

\_\_\_\_\_

*Signature:*

\_\_\_\_\_

*Date:*

\_\_\_\_\_

#### **Applicant(s)**

*Name:*

\_\_\_\_\_

*Signature:*

\_\_\_\_\_

*Date:*

\_\_\_\_\_

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### 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 Zoning Board

of Review Application on my behalf for the property located at \_\_\_\_\_ .

By signing this letter, I understand that I, or my attorney, must be present at the Zoning Board Meeting at which my application is scheduled to be heard.

*Property Owner Name:*

\_\_\_\_\_

*Property Owner Signature:*

\_\_\_\_\_

*Date:* \_\_\_\_\_