

## Owners Waiver/Consent for Tenant to apply for sign permit

## **Neighborhood Services**

Main Number: 720-898-7465

| Job Information (This section must be completed)   |                                 |                                |                           |           |  |
|--|---------------------------------|--------------------------------|---------------------------|-----------|--|
| Property address:  |                                 |                                |                           |           |  |
| I presently own the property where the sign is to be installed □ Yes □ No                    |                                 |                                |                           |           |  |
| I understand as "Owner" I am the responsible party of record on the permit □ Yes □ No        |                                 |                                |                           |           |  |
| I, as Owner of the subject propert   | y, herby authorize <sub>-</sub> |                                |                           | to act on |  |
| my behalf, in all matters relative t   | o work authorized b             | oy this sign permit applicatio | n.                        |           |  |
|  |                                 |                                |                           |           |  |
| Property Owners Printed Name   |                                 | Property Owners S              | Property Owners Signature |           |  |
| STATE OF   | 1                               |                                |                           |           |  |
|  | ) ss.                           |                                |                           |           |  |
| COUNTY OF  | _ )                             |                                |                           |           |  |
| The foregoing instrument was acknowledged before me this day of                              |                                 |                                |                           |           |  |
| , 20 Witness my hand and official seal.  |                                 |                                |                           |           |  |
| (SEAL)   |                                 |                                |                           |           |  |
|  | Notary Public                   |                                |                           |           |  |
| My commission expires:   |                                 |                                |                           |           |  |
|  |                                 |                                |                           |           |  |
| Property Owners information (This section must be completed) Owners Name:                    |                                 |                                |                           |           |  |
| Owner Address:   | _                               | City                           | State                     | Zip Code  |  |
| Owners Phone Number:   |                                 | Owners Cell Phone I            |                           | 2.5 0030  |  |
|  |                                 |                                |                           |           |  |
| Owners Email Address:  |                                 |                                |                           |           |  |
|  |                                 |                                |                           |           |  |
| Tenant Information (This section must be completed if sign is on leased space)  Tenant Name: |                                 |                                |                           |           |  |
| Address:   |                                 | City                           | State                     | Zip Code  |  |
|  |                                 | ·                              |                           | Zip code  |  |
| Phone Number:  |                                 | Cell Phone Number:             | Cell Prione Number:       |           |  |
| Email Address:   |                                 |                                |                           |           |  |