



CITY OF ASHLAND BUILDING DIVISION
 51 Winburn Way, Ashland, OR, 97520
 (541) 488-5305
Building@ashland.or.us

Property Owner Consent Form

PROPERTY OWNER INFORMATION

 Name of Property Owner Title

 Property Owner's Business Name (if applicable)

 Email Address Phone Number

 Mailing Address City State Zip Code

PREMISES LOCATION INFORMATION

 Physical Address City State Zip Code

 Tenant Applicant (Business Name)

INFORMED CONSENT

I own the property identified above as an individual.

The property identified above is owned by a legal entity and I am entitled to act on that legal entity's behalf.

I/We, as the owner(s) of the subject property identified above, consent to the filing of this application and use of the property for the purposes described herein.

Signature: _____

Date: _____

Signature: _____

Date: _____