



City of Ashland Building Safety Division

51 Winburn Way • Ashland, OR 97520
Phone (541) 488-5305 • Fax (541) 488-6066
Email: Building@ashland.or.us

Property Owner Consent Form

PROPERTY OWNER INFORMATION

Name of Property Owner

Property Owner's Business Name (if applicable)

Email Address

Mailing Address

City

Zip

PREMISES LOCATION INFORMATION

Physical Address

City

Zip

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: _____