



KETCHIKAN GATEWAY BOROUGH

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Owner Authorization

Date Received:

Case Number (if applicable):

Application Type: Zoning permit
 Conditional Use Permit
 Variance

Project Location

I certify that I am the legal owner of the specified property. I certify that I have read and understand the information contained within the submitted application and the application is true and correct to the best of my knowledge. I authorize the Borough the limited right of entry to the subject property to conduct investigations related to the application. I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to AS 11.56.210, knowingly making a material false statement, or otherwise providing false information, with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class A misdemeanor.

check this box if you would like to authorize a third party as contact for your application

Primary Owner: **check if primary contact**

Name:

Company:

Phone:

Email:

Signature: _____
Date

Secondary Owner: **check if primary contact**

Name:

Company:

Phone:

Email:

Signature: _____
Date

Authorized Third Party Contact Information

Authorized Agent Contract Purchaser Person with Demonstrated Possessory Interest in the Property **check if primary contact**

Name: Email: Phone:

Mailing Address:

City: State: Zip: Company/Title:

Signature: _____ Date: _____

**I understand that I must provide the appropriate documentation to prove that I am an authorized agent/contract purchaser/person with demonstrated possessory interest in the property. Planning staff may photocopy the document to accompany the application*