TOWN OF MONUMENT
645 Beacon Lite Road
Monument, CO 80132

PLANNING DEPARTMENT
719-884-8015
www.townofmonument.org/planning

STATEMENT OF AUTHORITY
Authorization to Submit Land Development Application

Project Information

Project Name: _____

Property Address: _____ Parcel Number(s): _____

Property Owner Information

Owner Name(s): _____

Entity Type (if applicable): ☐ Individual, ☐ LLC, ☐ Corporation, ☐ Partnership, ☐ Trust, ☐ Other: _____

Mailing Address: _____

Phone: _____ Email: _____

Authorized Applicant / Representative

Applicant Name: _____ Company (if applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

Statement of Authority

I/We, the undersigned, hereby certify that:

1. I am the legal owner of record of the property described above OR
   I am an authorized officer, member, manager, trustee, or partner of the entity that owns the property.
2. I/We authorize the above-named Applicant/Representative to:
   - ☐ Submit applications for the above-named Project.
   - ☐ Attend meetings and hearings
   - ☐ Act on my/our behalf in matters relating to land use, zoning, subdivision, site development, and related municipal approvals for the subject property.
3. I/We understand that this authorization does not transfer ownership of the property and does not relieve the owner of responsibility for compliance with applicable codes, regulations, conditions of approval, or financial obligations associated with the application.
4. This authorization shall remain in effect unless revoked in writing and submitted to the Town of Monument Planning Department.

Signature of Property Owner(s)

If individual owner(s):

Printed Name: _____

Signature: _____

Date: _____

(attach additional signature pages, if multiple owners)

If entity owner (LLC, Corporation, Partnership, Trust):

Entity Name: _____

Printed Name/Title of Authorized Signatory:

_____

Signature: _____

Date: _____

Notary

State of _____)

County of _____)

Subscribed and sworn before me this ____ day of

_____, 20___

Notary Public:

_____

My Commission Expires:

_____