
(DATE)

**City of Westminster
Community Services Department, Planning Division
4800 W 92nd Avenue
Westminster, Colorado 80031**

RE: Authorization for Consultant to Apply for Planning Project on eTRAKiT

To whom it may concern,

(OWNER NAME)

is the legal owner of the property described as:

(PROPERTY ADDRESS OR ASSESSOR'S PARCEL NUMBER)

I, _____, do hereby authorize
(OWNER/AUTHORIZED REPRESENTATIVE NAME & TITLE)

(CONSULTANT NAME AND COMPANY)

to apply for and modify submissions for:

- | | |
|---|---|
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> PDP | <input type="checkbox"/> PDP Amendment |
| <input type="checkbox"/> ODP | <input type="checkbox"/> ODP Amendment |
| <input type="checkbox"/> ODP Waiver | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Sign Variance | <input type="checkbox"/> Telecom Permit |
| <input type="checkbox"/> Annexation | |

Should you have any other questions or need further clarification, please contact me at:

(OWNER/AUTHORIZED REPRESENTATIVE PHONE NUMBER and E-MAIL ADDRESS)

Sincerely,

(OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE)

(OWNER/AUTHORIZED REPRESENTATIVE PRINTED NAME)