

Pleasantview Township

2982 Pleasantview Road
Harbor Springs, MI 49740
231-526-8140 Fax 231-526-0890
E-mail: office@pleasantviewtownship.org
Zoning E-mail: zoning@pleasantviewtownship.org

Edward Kuligowski
Supervisor

Debbie Bosma
Clerk

Maureen Barkley
Treasurer

Bob Wurst & Les Bosma
Trustees

DATE: _____

TO: Edward Kuligowski, Supervisor

FROM: _____ Property Owner Name

_____ Property Owner Name

_____ Property Address

The undersigned, registered Owner(s) of the above noted Property, do hereby authorize

(Contractor / Agent Name) _____, of

(Company Name) _____ to act on my (our)

behalf to apply for and sign the necessary Zoning Permit applications for above noted Property.

Owner(s) Address (if different than above) & Phone Number:

Agent Contact Information:

Address: _____

Phone Number: _____

We hereby certify the above information is true and accurate to the best of our knowledge.

Property Owner Signature -or- Authorized Representative Signature / Title

_____ Date

Property Owner Signature -or- Authorized Representative Signature / Title

_____ Date