

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING Land Use Consent of Property Owner

PLN-1012 09/20/2021

Address:		APN(s):	Application Number:	
Proj	ect Description:		<u> </u>	
CON	SENT			
addre permi	ess, identified as the above it, land division, general p	e Assessor Parcel Number, lan or ordinance amendme	est in the parcel of land located at the above for which a construction permit, land use ent, or LAFCO application referral is being filed ect description, do hereby certify that:	
1.	authorized the agent na sign for all necessary pe	med below to act as my (or	ny (our) full consent, and that I (we) have ur) agent in all contacts with the county and to tion with this matter. If this authorization is	
2.	I (we) have authorized the applicant named below to act as the authorized applicant for this project. If this authorization is revoked, I (we) will inform the County in writing.			
3.	independent contractor to enter the property id- considered appropriate also extends to governn independent contractor the other governmental	es, consultants, sub-consultants, sub-consultants, sub-consultants and the inspecting person or the inspecting person or the than the seconsultants, sub-consultants, sub-consul	nis Obispo, its officers, agents, employees, ants and their officers, agents, and employees my and all surveys and inspections that are rentity to process this application. This consente county, their officers, agencies, employees, ants, and their officers agents or employees if ew, inspections and surveys to assist the county ire upon completion of the project.	
4.	If prior notice is required Print Name: Daytime Telephone Nur		nspect the property, please contact:	
5.		e) hereby give notice of the following concealed or unconcealed dangerous conditions on the perty (dogs, hazardous materials, or specify none):		

*Attach daditional PLN-1012 Jorms Jor multiple owners, if applicable

Land Use Consent of Property Owner

PLN-1012 04/01/2020

CONSENT GRANTOR / PROPERTY OWNER				
Name:	Phone:			
Company/Agency:	Email:			
Full Mailing Address:				
Signature:	Date:			
AUTHORIZED AGENT FOR CONSENT GRANTOR				
Name:	Phone:			
Company / Agency:	Email:			
Full Mailing Address:				
Signature:	Date:			
AUTHORIZED APPLICANT FOR CONSENT GRANTOR				
Name:	Phone:			
Company / Agency:	Email:			
Full Mailing Address:				
Signature:	Date:			