CITY OF COLLEGE STATION
Planning & Development Services Department

COMPREHENSIVE PLAN OWNER CERTIFICATION

NAME OF PROJECT _____

ADDRESS or PARCEL ID _____

APPLICANT/PROJECT MANAGER'S INFORMATION (Primary contact for the project):

Name _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Mobile Number _____

PROPERTY OWNER'S INFORMATION:

Name _____ E-mail _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Mobile Number _____

The OWNER certifies that the Applicant has prepared the Rezoning application and that the facts stated herein and in eTRAKiT, and all exhibits attached as part of the application, are true, correct, and complete. If there is more than one owner, all owners must sign this certification or provide the power of attorney. If the owner is a company, the application must be accompanied by proof of authority for the company's representative to sign the application on its behalf.

Owner Name	Owner Signature	Date
Owner Name	Owner Signature	Date
Owner Name	Owner Signature	Date
Owner Name	Owner Signature	Date
Owner Name	Owner Signature	Date