



Owner's Consent Form

Return Completed Form To: Zoning & Building Safety Dept, 1504 3rd Ave., Room 305, Rock Island, IL 61201

I (print property owner's name) _____

understand that (print applicant name) _____

is petitioning for a(n) (explain request) _____

at (list address) _____

City _____ State _____ Zip _____;

Parcel ID (s): _____

Application/Permit/Case Number: _____

with the Rock Island County Department of Zoning & Building Safety.

I hereby attest that I understand the request and consent to the filing of the petition by the applicant listed above and consents to the Rock Island County Zoning Administrator or his/her designee(s) and the Zoning Board of Appeals permission to enter upon the property described on this application for the purpose of inspection and determining the appropriateness of the pending proposed petition, and hereby release such person from any liability based in whole or in part on the inspection of the site in question.

Owner's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

Rock Island County

Illinois Zoning & Building Safety Dept – 1504 3rd Ave, Room 305 – Rock Island, IL 61201 – (309) 558-3771