## 19) AUTHORIZATION AND ENDORSEMENTS:

## a) APPLICANT:

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

APPLICANT SIGN	ATURE Work Ochanle
	Mark Oczkowski DATE 3/9/20
b) <b>PROPERTY O</b>	WNER(s):
	of the owners of the premises referred above, hereby consent to the filing of this peting of all requirements of the applicant by the Commission for same.
OWNER SIGNATU	JRE
NAME PRINTED_	Mark Oczkowski DATE
20) INFORMATIONAL:	
Communications with and recommendations from contracted P&Z staff are the sole responsibility of the applicant.	
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21) ACTION TAKEN:	
(Th	is SECTION is to be filled out by Planning & Zoning Staff ONLY)
	□ DENIED / □ APPROVED (Check One)
	APPROVED WITH CONDITIONS
See Letter dated	for DETAILS of ACTION taken and attach a copy hereto.
BY: (Name & Title)	DATE