



**VILLAGE OF LISBON**  
W234 N8676 Woodside Rd.  
Lisbon, WI 53089

## AUTHORIZATION OF SITE INSPECTION

The Village of Lisbon requests permission from the Property Owner(s), or their Appointed Agent authorized to act on Owner's behalf, to enter the subject property, between the hours of 9:00a.m. to 5:00p.m. or upon 24-hour notice, for a Site Inspection prior to any scheduled Board, Committee, or Commission meeting where this property may be discussed. The Site Inspection will allow the Board, Committee, or Commission members to make more informed decisions with respect to the submitted application.

### PROPERTY INFORMATION:

\_\_\_\_\_ LSBT \_\_\_\_\_  
*Address/Legal Description* *Tax Key Number*

### PROJECT DESCRIPTION: \_\_\_\_\_

I/we, the undersigned Property Owner(s) or Appointed Agent, have been advised that my/our signature(s) grant(s) permission to members of the Village of Lisbon staff, Boards, Committees, or Commissions to conduct Site Inspections of the above-named subject property. Failure to authorize requested Site Inspection will not be held against the Property Owner(s) or Appointed Agent in any decision to be rendered on their submitted application; however, this Site Inspection may allow Lisbon Board, Committee, or Commission members to make more well-informed decisions.

### PROPERTY OWNER:

Name \_\_\_\_\_ Company/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZED AGENT:

Name \_\_\_\_\_ Company/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE:** *If you will be authorizing an Agent to represent you before the Village of Lisbon in any capacity, a signed Agent Authorization Form must be submitted with your application. Please contact the Village Clerk to obtain the necessary form.*