



Signatory Form

COMPLETE THIS FORM AND UPLOAD AS A PDF

1. Project Name

2. Applicant (Must match on ePlans applicant role)

Name:		
Mailing Address:		
City:	State:	Zip:
Contact Name:		
Title:	Phone:	
Email:		

3: Future Owner (if applicable) (Must match on ePlans future owner role)

Name:		
Mailing Address:		
City:	State:	Zip:
Contact Name:		
Title:	Phone:	
Email:		

15. Signature of Applicant

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Type Name:

Signature:

Date:

NOTE (PE stamp): The plans included in this PTI must be stamped & signed by a licensed Professional Engineer (PE) in the State of Ohio per OAC 3745-42-03(A)(1). Forms that require PE signature are labelled as such.

NOTE (Who Must Sign): The person signing as the Applicant must be the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation or the manager of one or more manufacturing, production or operating facilities. In the case of a partnership, by a general partner. In the case of sole proprietorship, by the proprietor. In the case of a municipal, state, federal or other governmental facility, by the principal executive officer, the ranking elected official or other duly authorized employee. (Please see OAC 3745-42-03 for more info).