

PROPERTY OWNER AUTHORIZATION FORM

I/We, Catherine Parker, Owner of Parker Places LLC hereby authorize  
(Property Owner(s) – Please Print)  
Kelsey Shaw FC Tucker/ Scott Lynch Group  
(Applicant's Name) (Company, Firm, Organization)

to make application for a Conditional Use Permit to  
(Type of Permit)  
create short-term and long-term rental units  
\_\_\_\_\_ at  
(Description of Proposed Work)

118 Ferry St.

\_\_\_\_\_  
(Property Address)

Madison, IN 47250

\_\_\_\_\_  
(City, State, Zip Code)

Catherine Parker

\_\_\_\_\_  
(Property Owner Signature)

07/12/2023

\_\_\_\_\_  
(Date)