



City of Covington

Planning & Development Department

Home Based Business Authorization Form

Date: _____

Property Address: _____

Property Owner: _____

Phone: _____ Email: _____

Business Name: _____

Business Owner: _____

I, _____, authorize the above tenant to operate his/her business from my property.

Signed:

Notary Public:

State of Georgia

(Property Owner)

County of _____

Sworn and subscribed before me this _____ day of

_____ 20 _____

Department of Planning & Development 2194 Emory Street, NW Covington, GA 30014

P.O. Box 1527 Covington, GA 30015

Phone: 770-385-2020