



SANDPOINT
OWNER AUTHORIZATION FORM

Application Number: _____ (Filled by City)

Owner Information:

Name: Doug & Diana Dishong
Address: 1302 Kinnikinnik Ave
Phone: (H) 206-532-4293 (W) _____
E-mail: dishong40@gmail.com

Applicant Information:

Name: CRAIG LEONI
Address: 194 TAM TAM DR. SAGLE
Phone: (H) 208-597-6755 (W) 208-597-6755
E-mail: CRAIG.LEONI@YAHOO.COM

Project Information:

Project Address: 1213 HWY 2 Sandpoint ID 83864
or
Parcel Number: RPS 0000 0226095 A
or
Legal Description of Site: Lot(s) Block # Addition _____

Work Description: APPLYING FOR CONDITIONAL USE PERMIT - NO CHANGES TO BUILDING OR PROPERTY.

I am the owner of the property described above and consent to the application referenced above.

I hereby authorize CRAIG LEONI to act as a representative for this application on my behalf.

[Signature]
Signature of Owner

8/18/2025
Date

[Signature]
Signature of Applicant

8/22/2025
Date