PROPERTY OWNER'S AUTHORIZATION

This is to certify that

- ❑ I am
- ❑ we are
- ❑ I am the authorized representative* of a Corporation that is the owner of a majority interest in the property that is the subject of the application to which this authorization is attached, being more specifically described
- ❑ in the attached deed or boundary description.
- ❑ as located at: _____ and identified as Tax Map & Parcel Number:_____.

By execution of this form, this is to authorize the person named as "applicant" below, to act on behalf of the owner, to file for, and pursue a request for approval of the following and further certify by signature as owner that there are no loans or liens filed with the Clerk of Courts on property described above:

(☑ *Check each that applies and* ❑ *leave blank each that does not apply*)

- ❑ Rezoning
- ❑ Special Use
- ❑ Change in Approved Zoning Conditions
- ❑ Change in Approved Special Use Conditions
- ❑ Temporary Use Permit
- ❑ Project Approval – Preliminary Subdivision Plat
- ❑ Project Approval – Preliminary Site Plan
- ❑ Development Permit
- ❑ Final Subdivision Plat
- ❑ Special Exception Variance
- ❑ Hardship Variance
- ❑ Flood Damage Prevention Variance
- ❑ Appeal from Administrative Decision
- ❑ Other: _____

Applicant: _____

Address: _____

_____

_____
Signature of Owner

_____
Print Name and Address:

Notarized: _____

Date: _____

My Commission Expires: _____

_____
Signature of Owner

_____
Print Name and Address:

Notarized: _____

Date: _____

My Commission Expires: _____

Attach additional signature sheets as needed.

**** Corporations – attach copy of corporate resolution approving authorization.***

_____ Notarized: _____
Signature of Owner Date: _____
_____ My Commission
Print Name and Address: Expires: _____

_____ Notarized: _____
Signature of Owner Date: _____
_____ My Commission
Print Name and Address: Expires: _____

_____ Notarized: _____
Signature of Owner Date: _____
_____ My Commission
Print Name and Address: Expires: _____

_____ Notarized: _____
Signature of Owner Date: _____
_____ My Commission
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Print Name and Address: Expires: _____