



SPECIAL LIMITED POWER OF ATTORNEY
LAND USE APPLICATION

Application #

KNOW ALL MEN BY THESE PRESENT:

1. That I/we am/are all of the owners of the property described as Tax ID number(s):

and am/are authorized to take the action indicated herein and sign this Special Limited Power of Attorney.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

(NOTES: (A) IN CASES WHERE THE APPLICANT IS NOT THE SOLE PROPERTY OWNER, THE APPLICANT MUST OBTAIN POWER OF ATTORNEY FROM THE OTHER PROPERTY OWNER(S) EVEN IF AN AGENT IS TO REPRESENT THE APPLICATION.

(B) IF AN AGENT IS TO REPRESENT THE CASE AND SIGN ALL DOCUMENTS, THE AGENT MUST ALSO OBTAIN POWER OF ATTORNEY FROM THE PROPERTY OWNER(S).

2. I/We do hereby make, constitute and appoint:

Name: _____

OR

Name: _____

OR

Name: _____

OR

Name: _____

OR

Name: _____

OR

Name: _____

to act as my/our true and lawful attorney-in-fact for and in my/our name, place and stead with full power and authority I/we would have if acting personally to seek rezoning, conditional use, special exception, variance, mobile home permit, modification to development standards or requirements and/or substantial accord determination and to complete a zoning disclosure affidavit and to set forth and offer such legally acceptable voluntarily proffered conditions including any additions, amendments, modifications or deletions thereto that in his discretion are deemed reasonable, appropriate and necessary except as follows:

3. This special limited power of attorney shall expire upon final action or withdrawal of the application to which this form applies.

(NOTE: EACH PROPERTY OWNER MUST SIGN AND HAVE SIGNATURE NOTARIZED.)

4. WITNESS the following signature:

Print: _____
Property Owner Name Signature Property Owner

STATE OF _____

COUNTY/CITY OF _____, to-wit:

This day _____ personally appeared before me, _____, a Notary Public in and for the County and State aforesaid, and swore or affirmed that the matters stated in the foregoing Zoning Disclosure Affidavit are true to the best of his knowledge and belief.

Given under my hand this _____ day of _____, 20_____.

Notary Public

Registration No. _____

My Commission expires: _____

4. WITNESS the following signature:

Print: _____
Property Owner Name Signature Property Owner

STATE OF _____

COUNTY/CITY OF _____, to-wit:

This day _____ personally appeared before me, _____, a Notary Public in and for the County and State aforesaid, and swore or affirmed that the matters stated in the foregoing Zoning Disclosure Affidavit are true to the best of his knowledge and belief.

Given under my hand this _____ day of _____, 20_____.

Notary Public

Registration No. _____

My Commission expires: _____

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Print: _____
Property Owner Name Signature Property Owner

STATE OF _____

COUNTY/CITY OF _____, to-wit:

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Notary Public

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COUNTY/CITY OF _____, to-wit:

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Registration No. _____

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