

CASE NUMBER: _____

DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT

The undersigned owner/owners of the property described in the application hereby designate _____ as the authorized agent/attorney-in-fact with the following powers and authority to do all things that may be required in order to apply for a variance/rezoning on said property including but not limited to completion and execution of applications, receipt of notices, execution of acknowledgments, attendance and presentations of evidence at all hearings and execution of agreements.

OWNER

OWNER

ADDRESS

TELEPHONE NUMBER

AUTHORIZED AGENT/ATTORNEY-FACT:

NAME

ADDRESS

TELEPHONE NUMBER

State of Alabama

I, the undersigned Notary Public, hereby certify that _____, _____, whose name(s) is/are signed to the foregoing DESIGNATION OF AUTHORIZED AGENT/ATTORNEY-IN-FACT has/have acknowledged to me under oath that they have read and understand the foregoing and executed same before me on this day.

Given under my hand and Official Seal this _____ day of _____, 20____.

Commission Expires: _____