



Community Development

Building | Code Enforcement | Planning | Zoning

Application Authorization

OWNER'S SIGNATURE PAGE

(I) (We), _____ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Lake Alfred to process this petition for Zoning or Re-zoning, in accordance with all adopted City rules and regulations, and in conformance with State law.

Further, the undersigned (has) (have) appointed and (does) (do) appoint _____ as agent(s) to execute any petitions or other documents necessary to affect such petition; and request that you accept the signature of my agent(s) as representing my agreement of all terms and conditions of the approval process:

Further, (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

OWNERS

_____/_____
Owner's Signature/Print Title

_____/_____
Owner's Signature/Print Title

Printed Name of Owner

Printed Name of Owner

OWNER'S NOTARIZATION

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public
Notarial Seal and Commission
Expiration Date

AGENT OR LESSEE SIGNATURE PAGE

(I) (We), _____ being duly sworn, that (I) (we) serve as (agent or lessee) for the owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other information attached hereto present the arguments on behalf of the petition herein requested to the best of (my) (our) ability and that the statements and information above belief.

AGENT OR LESSEE SIGNATURE

_____ / _____

Agent or Lessee's Signature/Print Title

Printed Name of Agent or Lessee

Company's Name

Company's Address

_____ / _____

Agent or Lessee's Signature/Print Title

Printed Name of Agent or Lessee

Company's Name

Company's Address

AGENT OR LESSEE(S) NOTARIZATION

STATE OF FLORIDA
COUNTY OF _____.

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public
Notarial Seal and Commission
Expiration Date