PROPERTY OWNER CONSENT AND AGENT AUTHORIZATION FORM

(Applications require authorization by ALL property owners of subject property).

Name(s) of All Property Owners of Record found on the latest recorded deed for the subject property:

_____

(Please Print)

Property Tax Identification Number(s) of Subject Property:_____

(I am) (we are) the sole owner(s) of the above-referenced property requesting a permit. Subject property is located in Land Lot(s)_____ of the _____ District, and (if applicable to more than one land district) Land Lot(s) _____ of the _____ District, and said property consists of a total of _____ acres (legal description corresponding to most recent recorded plat for the subject property is attached herewith).

(We) hereby delegate authority to _____, to act as (my)/(our) Agent in this application. As Agent, they have the authority to agree to any and all conditions of permitting which may be imposed by the Board.

(I) (We) certify that all of the information filed with this application including written statements or showings made in any paper or plans submitted herewith are true and correct to the best of (my) (our) knowledge and belief. Further, (I) (We) understand that this application, attachments and fees become part of the official records of the Fayette County Zoning Department and may not be refundable. (I) (We) understand that any knowingly false information given herein by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. (I) (We) further acknowledge that additional information may be required by Fayette County in order to process this application.

_____ _____

Signature of Property Owner 1 Date Signature of Notary Public

_____ _____

Address Date

_____ (SEAL)

City, State, Zip

_____

Phone Number

_____ _____

Signature of Property Owner 2 Date Signature of Notary Public

_____ _____

Address Date

_____ (SEAL)

City, State, Zip

_____

Phone Number

_____ _____

Signature of Authorized Agent Date Signature of Notary Public

_____ _____

Address Date

_____ (SEAL)

City, State, Zip

_____

Phone Number