



NOTICE OF AUTHORIZED REPRESENTATIVE

LET IT BE KNOWN THAT _____
(PRINTED NAME)

Has been retained to act as Agent on my behalf for to prepare and file zoning applications on my property (map/taxlot(s) identified below) and to initiate and respond to communication from Columbia County Land Development Services during the time of that application review.

Tax Map No.(s): _____

Tax Map No.(s): _____

Tax Map No.(s): _____

Tax Map No.(s): _____

PROPERTY OWNER:

This authorization is valid for: 1 year; 2 years; Other: _____ (must select one)

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY/STATE/ZIP: _____

AGENT / APPLICANT

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY/STATE/ZIP: _____

(Additional if necessary)

AGENT / APPLICANT

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

CITY/STATE/ZIP: _____