



DEPARTMENT OF DEVELOPMENT SERVICE

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 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 NAME	ADDRESS	PHONE
OWNER NAME	ADDRESS	PHONE

AUTHORIZED AGENT/ATTORNEY-FACT

NAME	ADDRESS	PHONE
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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____

My Commission Expires: _____