



# APPLICATION TO REZONE PROPERTY PROPERTY OWNER AUTHORIZATION

Case #: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## AUTHORIZATION

I/We hereby authorize the applicant named below to act as the applicant in the pursuit of a rezoning, special permit, or mandatory referral on the property identified as the subject property above.

Name of Applicant/Agent: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## ACKNOWLEDGEMENT

I/We as the property owner acknowledge and understand that if my petition for rezoning, special permit, or mandatory referral is denied by the Hamilton County Commission that for a period of **twelve (12) months** following the denial there shall not be accepted any new petition involving the same property or any part thereof.

Signature of Property Owner(s): \_\_\_\_\_

Print Name of Owner(s): \_\_\_\_\_

Date: \_\_\_\_\_