

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

1. That I/We

Name _____ Telephone _____

Address _____

being all of the owner(s) of the property described as County tax map numbers:

and authorized to take such action, do hereby make, constitute and appoint:

2. Name _____ Telephone _____

Address _____

to act as my/our true and lawful attorney-in-fact for and in my/own name, place and stead with full power and authority I/we would have if acting personally to seek rezoning, conditional use, variance, appeal or any other zoning matter, and to set forth and offer such legally acceptable voluntarily proffered conditions (including any additions, amendments, modifications or deletions thereto), or any other agreements or representations that in his discretion are deemed reasonable, appropriate and necessary except as follows:

3. _____

4. In witness whereof, I/we have hereto set my/our hand and seal

this ____ day of _____, _____ 20__.

Signature(s)

Signature(s)

Signature(s)

Signature(s)

Witnessed
by: _____

Witnessed
by: _____

NOTE: This document, with original signatures, shall be filed with the application and become a permanent part thereof.