



City Of Rincon, Georgia  
 Planning and Development Services  
 Phone: (912) 826-5996 / Fax: (912) 826-2083  
 www.cityofrincon.com

## AUTHORIZATION OF PROPERTY OWNER

**Type of Application:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Rezoning, Variance, Conditional Use Variance, Special Use Variance)

**Property Information:**

Property Address: \_\_\_\_\_ Map & Parcel #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_ swear that I am the owner of the property which is the subject  
(Property owners name)  
 matter of the attached application, as is shown in the records of Rincon, Georgia.

I authorize the person named below to act as applicant in the pursuit of a variance, conditional use variance, special use variance or for the rezoning of this property.

Name of Applicant: \_\_\_\_\_

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

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

\_\_\_\_\_  
**Signature of Owner**

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

That the information contained in this authorization is true and correct to the best of his or her knowledge and belief.

\_\_\_\_\_  
 Notary Public, State of Georgia

Seal