APPLICATION AGENT AUTHORIZATION FORM

TO: Gilchrist County Zoning Department
209 SE 1st Street
Trenton, FL 32693

Authority to Act as Agent

On my/our behalf, I appoint _____
(Name of Person to Act as my Agent)

for _____
(Company Name for the Agent, if applicable)

to act as my/our agent in the preparation and submittal of this application

for _____
(Type of Application, i.e. Site & Development Plan, Subdivision, Variance, Etc.)

I acknowledge that all responsibility for complying with the terms and conditions for approval of this application, still resides with me as the Applicant/Property Owner.

Applicant/Property Owner's Name: _____

Applicant/Property Owner's Title: _____

On Behalf of: _____
(Company Name, if applicable)

Telephone: _____ Date: _____

Applicant/Property Owner's Signature: _____

Print Name: _____

STATE OF FLORIDA
COUNTY OF _____

The Foregoing instrument was acknowledged before me this ____ day of _____, 20 _____. by _____, whom is personally known by me ____ OR produced identification ____.
Type of Identification Produced _____

_____
(Notary Signature) (SEAL)