

**OWNER AUTHORIZATION FORM****Planning Department****PO box 448, Wilson's Mills, NC 27593****Phone: (919) 938-3885 Fax: (919) 938-1121****PROPERTY OWNERS CERTIFICATION:**

I, \_\_\_\_\_ hereby affirm that I am the owner of the property located at:

Property Address/Physical Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Johnston Co. Tax PIN #: \_\_\_\_\_

Project/Activity/Permit for which application is being made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I authorize the individual identified in the following section to act as my authorized agent with regard to any and all application(s) made to the Town of Wilson's Mills Planning Department for the activities described. The individual identified below shall remain in this capacity with regard to any applications and subsequently issued permits related to these activities indefinitely unless an express written request to terminate this authorization, signed by me, is submitted to the Town of Wilson's Mills Planning Department.

\_\_\_\_\_  
Owner's Print Name\_\_\_\_\_  
Owner's Signature\_\_\_\_\_  
Date**APPLICANT/AGENT INFORMATION:**

Applicant/Owner's Authorized Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I, the duly authorized agent/representative thereof, hereby certify that the information herewith is in all respects true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant/Agent Print Name\_\_\_\_\_  
Applicant/Agent Signature\_\_\_\_\_  
Date