



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 Printed 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 Printed Name

Applicant/Agent Signature

Date