



Acting Agent Authorization Form

Development Services
102 Town Hall Drive
Leland, NC 28451
P: 910.371.3390
F: 910.371.1073

All pages must be completely filled out before application is accepted. For assistance filling out this application, contact Development Services.

I, _____, am the owner of property in the Town of Leland located at address _____, being a part of Subdivision or Development known as _____, Phase or Section _____, and having Tax Map # _____, Zone _____, authorize the following person(s) to act as my agent/representative for the application as designated below.

_____, (Name) _____, (Relationship)

_____, (Name) _____, (Relationship)

_____, (Name) _____, (Relationship)

_____, (Name) _____, (Relationship)

Subdivision	<input type="checkbox"/>	Rezoning	<input type="checkbox"/>
Text Amendment	<input type="checkbox"/>	Appeal	<input type="checkbox"/>
Variance	<input type="checkbox"/>	Annexation	<input type="checkbox"/>
PUD	<input type="checkbox"/>	Other _____	