

# ACTING AGENT AUTHORIZATION FORM



102 Town Hall Drive, Leland, NC 28451  
www.townofleland.com

Planning and Inspections Department  
Phone 910-371-3390 Fax 910-371-1158

Submittal Date: \_\_\_\_\_

I, \_\_\_\_\_, am the owner of property in the Town of Leland located at address \_\_\_\_\_, being a part of the Subdivision or Development known as \_\_\_\_\_, Phase or Section \_\_\_\_\_ and having Tax Map # \_\_\_\_\_, Zone \_\_\_\_\_.

Hereby authorize:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

to act as my agent/representative for the following on the above mentioned property.

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

\_\_\_\_\_  
Property owner's name and phone number

\_\_\_\_\_  
Property owner's name and phone number

\_\_\_\_\_  
Property owner's signature

\_\_\_\_\_  
Property owner's signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Witness signature