

AUTHORIZATION TO ACT AS APPLICANT

CITY OF OPELIKA PLANNING DEPARTMENT

700 Fox Trail

Opelika, AL 36801

PH: (334) 705-5156 or FX: (334) 705-5159

I, _____, being owner of the property which is the subject of this application hereby authorize _____, to act as my representative with the City of Opelika's (Board of Zoning Adjustments, and/or Planning Commission, and/or City Council), as required by the type of request listed on the attached application form.

Property Owner's Signature: _____ Date: _____

STATE OF ALABAMA

COUNTY OF LEE

I, _____, a Notary Public in and for said County and State, hereby certify that _____, whose name is signed to the foregoing document, and who is known to me or acknowledged before me on this day, that being informed of the contents of said document, did execute the same voluntarily on the day that bears the same date.

Given my hand and seal of office this ____ day of _____, _____

Notary Public

My Commission Expires: _____