

CITY OF FELLSMERE Community Development Department

21 South Cypress Street Fellsmere, Fla. 32948

Phone: 772. 571.9077/Fax: 772. 571.0097

LETTER OF AUTHORIZATION

APPLICATION REQUEST: (CHECK ALL THAT APPLY)

_____ Rezoning _____ Comprehensive Plan Amendment (Large Scale)
_____ Comprehensive Plan (Small Scale) _____ Variance
_____ Conditional Use _____ Home Occupation _____ Subdivision Plat _____ Street Vacation
_____ Flag Lot
_____ Other (Specify): _____

LEGAL DESCRIPTION OF PROPERTY

Section _____ Township _____ Range _____
Tax I.D. # _____ Lot(s) _____ Block(s) _____
Subdivision _____

I, _____, fee simple owner of the above described property,
(Name of Owner)

authorize _____ of _____,
(Name of Representative) (Name of Business)

to serve as agent on my behalf for the purpose of making and executing this application for the proposed request.
Also, that any representation(s) made on my behalf, by my authorized representative, shall be legally binding on
me and my aforesaid property as if I myself had made said representation(s).

Signature: _____
Signature of Owner

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2000,
by _____

Personally known _____ or Produced Identification _____

Print Name of Notary Public

Signature of Notary Public
Commission Number:
Expiration Date: