



OWNER'S AUTHORIZATION FOR AGENT

_____ is/are hereby authorized TO ACT ON BEHALF OF the owner(s) of those lands described within the attached application, and described in the attached deed or other such proof of ownership as may be required, in applying to the City of St. Augustine's:

(check all that apply)

- Historic Architectural Review Board
- Planning and Zoning Board
- CRA Institutional Rehabilitation Grant
- City Commission/CRA

Property located at: _____

By: _____
Signature of Owner

Print Name of Owner

Telephone

Sworn to and subscribed before me by means of [] physical presence or [] online notarization, on this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

[] Personally known to me -OR- [] Produced identification

Type of identification produced: _____