## **AUTHORIZATION TO ACT AS APPLICANT**

## CITY OF NORTHPORT PLANNING DEPARTMENT

PO BOX 569 NORTHPORT, AL 35476 (205) 333-3002 ~ Fax: (205) 333-3046

I,	, being owner of the property which is the subject of this
application hereby authorize	, to act as my representative with the
City of Northport's (Board of Zoning, and	d/or Planning Commission, and/or City Council), as required
by the type of request listed on the attache	ed application form.
Property Owner's Signature:	Date:
Property Owner's Mailing Address:	
Phone#	
Authorized Agent's Mailing Address:	
Phone#	
STATE OF ALABAMA	
COUNTY OF TUSCALOOSA	
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
	being informed of the contents of said document, did execute the
same voluntarily on the day that bears the sam	
Given my hand and seal of office this da	
Given my hand and sear of office and de	,
Notary Public	
My Commission Expires:	