

## TO: Planning and Development Services, City of Columbia

I, the undersigned property owner, do hereby attest that I am the person that holds, or I am authorized on behalf of the party that holds, fee simple interest in the following parcel(s):

| Common Street Address  |
|--|
|  |
|  |
| Tax Map Reference Numbers  |
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Further, I hereby authorize the persons and/or entities listed as AUTHORIZED AGENT(S) below to act on my behalf for the purpose of submitting documents, amending documents, meeting with staff, attending public meetings and hearings, and as otherwise may be necessary and proper to fulfill the required steps to request the following:

- 1. Variance, Special Exception, and/or Administrative Appeal (Board of Zoning Appeals)
- 2. Zoning Map Amendment (Planning Commission and City Council, if applicable)
- 3. Site Plan Review (Planning Commission or D/DRC)
- 4. Design Review (D/DRC)
- 5. Minor Subdivision (Staff)
- 6. Major Subdivision (Planning Commission)
- 7. Encroachment (Staff and City Council, if applicable)
- 8. Street Naming/Renaming (Planning Commission)

\*\*Please strike-through and initial any of the above-listed steps that do not fall under the scope of this Letter of Agency

[signatures on following page]



## **Property Owner**

| Signature                         |       | Date |  |
|-----------------------------------|-------|------|--|
|                                   |       |      |  |
| Print Name of Property Owner      |       |      |  |
|                                   |       |      |  |
| Address (street, city, name, zip) |       |      |  |
|                                   |       |      |  |
|                                   |       |      |  |
|                                   |       |      |  |
|                                   |       |      |  |
| Email of Property Owner           | Phone |      |  |
|                                   |       |      |  |
| Signature of Witness              |       | Date |  |
|                                   |       |      |  |
|                                   |       |      |  |
| Print Name of Witness             |       |      |  |
|                                   |       |      |  |

## Authorized Agent

| Signature                         |       | Date |
|-----------------------------------|-------|------|
|                                   |       |      |
|                                   |       |      |
| Print Name                        |       |      |
|                                   |       |      |
|                                   |       |      |
| Address (street, city, name, zip) |       |      |
|                                   |       |      |
|                                   |       |      |
|                                   |       |      |
|                                   |       |      |
|                                   |       |      |
|                                   |       |      |
| Email of Authorized Agent         | Phone |      |
|                                   |       |      |
|                                   |       |      |