



OWNER AUTHORIZATION FORM

Mail or hand-deliver the completed form with associated applications to:
City of Orange City
205 E. Graves Avenue
Orange City, FL 32763
(386) 775-5415 Fax (386) 775-5420

I/We, _____,
(PRINT OWNER'S NAME)

as the sole or joint fee simple title holder(s) of the property described as:

(LEGAL DESCRIPTION AND/OR PARCEL NUMBER)

authorize _____ to act as my agent
(PRINT AGENT'S NAME)

to seek _____ on the above property.
(TYPE OF APPLICATION)

OWNER'S SIGNATURE

OWNER'S SIGNATURE

DATE

DATE

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
(DATE)

by _____, who is personally
(NAME OF PERSON ACKNOWLEDGING)

known to me or who has produced _____ as
(TYPE OF IDENTIFICATION)

identification and who did not take an oath.

NOTARY PUBLIC, STATE OF _____
Type or Print Name:

Commission No.:

My Commission Expires:



TO BE COMPLETED BY CITY STAFF:	
Date:	Received by:
Application #(s):	