CITY OF FAYETTEVILLE
ELEVATION CHANGE AUTHORIZATION

PROJECT INFORMATION	
Project Name	
Project Address	
PROPERTY OWNER INFORMATION	
Property Owners Name	
Mailing Address	
Telephone	
Email	
APPLICANT INFORMATION *(IF DIFFERENT FROM THE PROPERTY OWNER)*	
Applicants Name	
Mailing Address	
Telephone	
Email	

PROPERTY OWNER AUTHORIZATION

_____ (**sign name**) I affirm that I am the owner of the tract or parcels of land identified above and I will serve as the primary contact for this application

OR

I hereby designate _____ (name of project representative) to act in the capacity as my agent for the submittal, processing, representation, and/or presentation of this application. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this application. If this relationship changes at any time before the completion of this project, it is my sole responsibility to notify the City of Fayetteville Community Development Department of said change in writing.

ALL APPLICABLE ITEMS ARE DUE AT THE TIME OF SUBMISSION		
1	Elevation plan Authorization Form and Application	☐
2	Review Fees	☐
3	Project Narrative	☐
4	Letter of Permission	☐
5	Building Elevations	☐

Email the completed applications and all required documents to planningdesk@fayetteville –ga.gov