City of Lakeland
Community & Economic Development
Attn: Planning Division
228 S. Massachusetts Ave
Lakeland, FL 33801

Zoning Board of Adjustments & Appeals Board
Authorization for Application to: _____

To Whom it May Concern,

As the owner of record for the property described in the aforementioned application, I authorize and empower _____ to act on my behalf and submit an application to the Planning & Zoning Board.

_____ _____ _____
Signature of Owner of Record **Print Name** **Date**

STATE OF FLORIDA
COUNTY OF POLK
The foregoing affidavit was sworn and subscribed before me this ___ day of_____ (month), ____ (year)

by _____, who is personally known to me or has produced _____ as identification.

_____ Seal
Notary Signature