



TOWN OF  
HILLSBOROUGH

# AUTHORIZATION FORM

## Owner's Authorization for Agent Board of Adjustment Hearing

Planning and Economic Development Division  
101 E. Orange St., PO Box 429, Hillsborough, NC 27278  
919-296-9475 | Fax: 919-644-2390  
www.hillsboroughnc.gov

**This form must accompany any application to go before the Board of Adjustment in which the application will not be represented by the legal property owner. Each owner shown on the property owner's deed must sign this authorization form.**

I/We \_\_\_\_\_  
(print names of legal property owners)

hereby authorize \_\_\_\_\_  
(print name of agent)

to represent me/us in processing an application for \_\_\_\_\_  
on my/our behalf. In authorizing the agent to represent me/us, I/we as owner/owners attest that:

- The application is made in good faith.
- All information contained in the application is accurate and complete.
- The agent is authorized to accept any and all conditions that may be placed on the approval.
- I/we as the property owner(s) am/are bound by any decision of the board, including any and all conditions attached to board approvals.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Print Name of Owner

NORTH CAROLINA \_\_\_\_\_ COUNTY

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by

\_\_\_\_\_  
Print Name of Person Making Statement

\_\_\_\_\_  
Signature of Notary Public

(SEAL)

\_\_\_\_\_  
Print Commissioned Name of Notary Public

\_\_\_\_\_  
Commission Expiration Date

The individual(s) making the above statement is/are personally known \_\_\_\_\_ or identification was produced \_\_\_\_\_.