

## **TOWN OF YADKINVILLE**

## **Planning & Zoning Department**

OWNER'S CONSENT FORM		
Project Name:	Full Submittal Date:	
OWNERS AUTHORIZATION		
I hereby give CONSENT to	(type, stamp or print clearly full	name of agent) to act on my behalf,
submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearing		
pertaining to the application(s) indicated above. Furthern may arise as part of the approval of this application.	nore, I hereby give consent to the party designated above to agr	ee to all terms and conditions which
I hereby certify I have full knowledge the property I have an ownership interest in the subject of this application. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I acknowledge that additional information may be required to process this application. I further consent to the Town of Yadkinville to publish, copy or reproduce any copyrighted document submitted as part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application. I further understand that applicants, and/or their agents or parties of interest are prohibited from any contact in relation to this matter with Board of Adjustment members or Planning Board members prior to the public hearing, that such communication may result in additional processes and delays and that disclosure of any such communication will be required at the scheduled public hearing.		
Print Name	Signature of Applicant	Date
Print Name	Signature of Applicant	Date
CERTIFICATION OF APPLICANT AND/OR PROPERTY OWNER		
I acknowledge that additional information may be required to process this application. I further consent to the Town of Yadkinville to publish, copy or		
reproduce any copyrighted document submitted as a part of this application for any third party and understand this application, related material and all		
attachments become official records of the Planning Department of the Town of Yadkinville, and will not be returned. I further agree to all terms and		
conditions, which may be imposed as part of the approval of this application. I hereby certify that I have full legal right to request such action and that the		
statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I further understand that		
applicants, and/or their agents or parties of interest are prohibited from any contact in relation to this matter with Board of Adjustment members or Planning		
Board members prior to the public hearing, that such communication may result in additional processes and delays and that disclosure of any such		
communication will be required at the scheduled public hearing.		
Print Name	Signature of Applicant	Date

Print Name

Signature of Applicant

Date