

# TOWN OF HIGHLANDS

HIGHLANDS, NORTH CAROLINA  
210 North Fourth Street Phone: (828) 526-2118

## Authorization Application

Completion of this form is required if the individual making the request is **not** the owner of the property

### CHECK TYPE OF APPLICATION:

- REZONING**
- CONDITIONAL ZONING**
- SPECIAL USE PERMIT**
- VARIANCE REQUEST**
- SUBDIVISION**

To Whom It May Concern:

(I)/(WE), \_\_\_\_\_  
**Name of owner(s)**

being (owner)/(owners) of the property described below or attached hereby delegate  
authority to \_\_\_\_\_  
**Name of Applicant or Representative**

to file an application on (my / (our) behalf.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Owner