



PCR # _____

Date: _____

AUTHORIZATION FOR REZONING

City of Williamsburg
401 Lafayette Street
Williamsburg, VA 23185-3617
(757) 220-6130
(757) 220-6130 fax

[I/We], the undersigned, do hereby certify that [I/we] [am/are] the owner(s) of the property on which PCR Case # _____ is proposed and have the authority to accept all conditions that may be required to be met for City Council approval of said project.

Owner _____ Owner _____

Signature _____ Signature _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone/Fax Numbers _____ Phone/Fax Numbers _____

E-Mail _____ E-Mail _____

Location of Request _____

Zoning District _____ Tax Map Number _____

[I/We] hereby authorize:

Representative _____

Address _____

City, State, Zip _____ Telephone Number _____

to represent [me/us] in any matter before the City Council relating to the above plan.

State of Virginia

City/County of _____, To Wit:

This authorization form was acknowledged before me on this _____ day of

_____, _____, by _____.

Notary Public

Commission Expiration