Application #_____

SPECIAL POWER OF ATTORNEY
Form A-2

CITY OF WAYNESBORO,COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION

Reference City Code Sec. 98-7.2.3.C

NATURE OF PLANNING REQUEST:

❑Conditional Use Permit ❑Rezoning ❑ Minor/Major Subdivision ❑ Street/Alley Vacation ❑ Certificate of Appropriateness

Property Address: _____

Tax Map No./Legal Description: _____

I/we _____, owner/applicant of the above-described property,

hereby make, constitute, and appoint: _____
to be my/our true and lawful attorney-in-fact, and grant unto my said attorney-in-fact full power to make and file the application described above with the City of Waynesboro, Virginia, and to perform all acts and make all representations as such attorney-in-fact shall deem necessary or appropriate in regard to said application, without any litigation whatsoever, including, but not limited to, the following authority: to submit proffers that would constitute binding conditions on the rezoning of the property, including limitations on its use, and to modify or amend any documents in whole or in part relating to the application. The rights, powers, and authority of said attorney-in-fact herein granted shall commence and be in full force and effect on the _____ day of _____, 20____, and shall remain in full force and effect thereafter until actual notice, by certified mail, return receipt requested, is received by the Planning Division of the City of Waynesboro, Virginia, stating that the terms of this power have been revoked or modified.

Property Owner(s) of Record *(Print Name)*: _____/_____
(Name 1) (Name 2)

Property Owner(s) of Record *(Signature)*: _____/_____
(Name 1) (Name 2)

Applicant(s) *(Print Name)*: _____/_____
(Name 1) (Name 2)

Applicant(s) *(Signature)*: _____/_____
(Name 1) (Name 2)

If the owner or applicant is a corporation, partnership, or similar entity, documentation must be attached which establishes that the person signing on behalf of the entity has the authority to act on behalf of and to bind that entity.

STATE/COMMONWEALTH OF _____

CITY/COUNTY OF_____

Subscribed and sworn to before me this _____day of _____, 20_____, by

_____

My commission expires _____ Registration # _____.

_____
NOTARY PUBLIC