



ISSUE # _____

HARFORD COUNTY, MARYLAND
Department of Planning and Zoning
220 South Main Street • Bel Air, Maryland 21014 • (410) 638-3103

2008/2009 Comprehensive Zoning Review
AUTHORIZATION LETTER
(PLEASE TYPE OR PRINT CLEARLY)

Date: _____

I, _____
(property owner's name(s))

hereby authorize my agent: _____
(name of agent)

to make application to the Harford County Department of Planning and Zoning, for a zoning change to my property located at:

(property address for which rezoning is requested)

I recognize that, if the zoning change is granted, an adjustment in the property assessment may result.

Property Owner

Name: _____

Mailing Address: _____

Phone Number: _____

Agent or Applicant

Name: _____

Mailing Address: _____

Phone Number: _____

ALL OWNERS OF RECORD MUST SIGN

*Signatures by corporate officials must be that of the "Managing Member" or "President" and such title must be denoted below.
If any owner of record is deceased, a copy of the Death Certificate must be attached to this form.*

I (We) certify that I am (we are) the owner(s) or authorized agent of record of this parcel of land at the time of signing this form.

Property Owner

Property Owner

Property Owner

Property Owner