

**Owner's Authorization**

This form must be submitted when the applicant for one of the below actions is not the actual owner of the property involved. No application will be accepted without this form being complete.

I, \_\_\_\_\_, do hereby authorize  
(Owner's name)

\_\_\_\_\_, to apply for the following action(s):  
(Applicant's name)

- Rezoning from \_\_\_\_\_ to \_\_\_\_\_
- Preliminary/Final Plat
- Conditional Use Permit
- Board of Zoning Adjustment Action
- Temporary Use/Sign Permit

on my property legally described as: ( description attached) \_\_\_\_\_

This authorization is valid through \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. If the requested action is not complete at this end of this time period, another authorization must be submitted before the application may be considered further.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Owner's Signature)

Attest:

STATE OF MISSOURI )  
County of Clay )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, to me know to be the person(s) described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Clay County, Missouri the day and year last written above.

My term expires: \_\_\_\_\_

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