

Agent Authorization Form

Agent Authorization

In lieu or representing this request myself as owner of the subject property, I hereby authorize the person designated as the Agent/Authorized Representative to act in the capacity as my agent for the application, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person with the City (and vice versa) in processing and responding to requirements, information, and/or issues relative to this case. I also understand that it is necessary for me or my agent/authorized representative to be present at all Public Hearings. In addition, I hereby accept the responsibility of placing the required number of official public notice sign(s) on the subject property, **not less than ten (10) days prior to the Planning and Zoning Commission Public Hearing**, if applicable, and further, to maintain said signs in full public view, for such time that the application is under consideration. I understand failure to place the signs in accordance with the notification requirements of the City of Grand Prairie as required by Section 1.11.5.6 of the Unified Development Code will void the application.

Signature of Owner and/or Applicant

(If Owner is a corporation, partnership, or trust, a list of partners, principals, officers, or trustees naming the signatory must be submitted with Agent Authorization Form)

Name Printed or Typed

Date

Signature of Agent/Authorized Representative

Name Printed or Typed

Date

Notary Statement

Before me, the undersigned authority, on this day personally appeared _____ (**Owner's Name**) and _____ (**Agent/Authorized Representative Name**) known to me to be the persons whose names are subscribed to the above and forgoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity stated.

Given under my hand and seal of office on this _____ day of _____, 20____.



My Commission Expires: _____

 Notary Public in and for the State of Texas

For Office Use Only

Case Number:

Receipt Number:

Application Fee: \$

DRC Date:

P & Z Date:

City Council Date: