

**TOWN OF ATKINSON  
AGENT REPRESENTING OWNER - Authorization Form**

Property Address \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

If the applicant is NOT the owner of record as recorded at the Rockingham County Registry of Deeds, an agent authorization form must be filled out or the application is NOT complete and cannot be accepted.

Owner (or person having the legal authority to act on behalf of the Owner)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I, \_\_\_\_\_ am the owner of record of the property referred to in this application as

Map \_\_\_\_\_ Lot \_\_\_\_\_ .

- OR -

I, \_\_\_\_\_ am NOT the owner of record of the property referred to in this application

as Map \_\_\_\_\_ Lot \_\_\_\_\_. I, \_\_\_\_\_ have the legal authority to

act as an agent or to make representations on behalf of the owner of the subject property. (Attach copy of legal instrument that give you legal authority to act on behalf of the owner (e.g. trust, power or attorney, etc.))

I, \_\_\_\_\_ hereby authorize and designate \_\_\_\_\_

to represent me as the "applicant" in all matters related to this appeal to the ZBA. I understand and certify that all representations made by designated applicant are considered to reflect my intent. I agree that I will make no claim, as a basis for appeal or reconsideration, that my designated applicant's actions or representations did NOT reflect my intent.

I, \_\_\_\_\_ understand that the authority I am granting the applicant expires coincident with the expiration of the appeal period following the Board's decision on this application for appeal, or earlier, if this application for appeal is withdrawn, or earlier, if I submit a letter withdrawing my authorization for \_\_\_\_\_ to represent me as the "applicant".

Signatures:

Owner \_\_\_\_\_ Date \_\_\_\_\_