

SPECIAL POWER OF ATTORNEY

Application No: _____

Tax Map Number(s): _____

Property Description (Street Address, if assigned, or Common Description, Borough):

Nature of Application: _____

I (We), _____, am (are)

the applicant(s) for the above referenced application; the owner(s) of the property described above and I (we) do hereby make, constitute, and appoint _____, my (our) true and lawful attorney-in-fact, and grant unto my attorney-in-fact full power and authority to make application for the application described above, and to perform all acts and make all representations as such person shall deem necessary or appropriate in regard to said application, without any limitation whatsoever, including but not limited to the following authority: to submit and/or modify conditions/proffers that would constitute binding conditions on the property, including limitations on its use, and to modify or amend any documents in whole or in part relating to the application.

- CONDITIONAL USE PERMIT APPLICATION REZONING APPLICATION
- PUD CREATION / MODIFICATION APPLICATION STREET CLOSURE APPLICATION
- CHESAPEAKE BAY PRESERVATION AREA: APPEAL APPLICATION EXCEPTION 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requested is received by the Planning Department of the City of Chesapeake stating that the terms of this power have been revoked or modified.

: _____ : _____
Print Name *Print Name*

_____ _____ _____ _____
Signature *Date* *Signature* *Date*

Company, Title : _____ Company, Title : _____

Commonwealth/State of _____ City of _____

I, _____, a Notary Public in the City and State aforesaid, do hereby certify that the person(s) whose name(s) is (are) signed to the above writing bearing date on the _____ day of _____, 20____, has (have) acknowledged the same before me in my City and State aforesaid.

Signature

Notary Registration No: _____
My Commission Expires: _____