



Rezoning Request Owner's Authorization Form

Owner's Authorization

Applicant Name Arriz Holdings

Applicant's Address [Redacted]

Property Address 4320 BROWNSVILLE RD Powder Springs, GA Property PIN 190 973 000 20

This is to certify that I am or We are or I am the Authorized Representative of a Corporation that is the owner of a majority interest in the subject property of the attached application. By execution of this form, this is to authorize the person names as "applicant" below, acting on behalf of the owner, to file for and pursue a request for approval of the following:

Check all that apply:

Rezoning

Special Use

Hardship Variance

Special Exception

Flood Protection Variance

Appeal of Administrative Decision

Signature of Property Owner(s)

Signature of Owner Printed Name x Jose Joaquin Sanchez Date x 8-12-25

State of GA, County of COB

This instrument was acknowledged before me this 12 day of Aug 2025

20, by R.A. Malayer Identification Presented: DL
Jose S. Sanchez

Name of Notary Public R.A. MALAYER My Commission Expires 9-22-27



Signature of Owner

Printed Name

Date

State of _____, County of _____

This instrument was acknowledged before me this _____ day of _____

20, by _____ Identification Presented: _____

Signature of Notary Public

Name of Notary Public

My Commission Expires