



Rezoning Request Owner's Authorization Form

Owner's Authorization

Applicant Name Arcois Holdings

Applicant's Address [REDACTED]

Property Address 4380 BROWNSVILLE RD Powder Springs, GA Property PIN 190 973 000 60

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]
Signature of Owner

X Terry W Little
Printed Name

X 08/06/2025
Date

State of GA, County of Cherokee.

This instrument was acknowledged before me this 6th day of August

2025 by Terry W Little Identification Presented: License

[Signature]
Signature of Notary Public

David Gallardo
Name of Notary Public

2/18/2029
My Commission Expires



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