



Rezoning Request

Owner's Authorization Form

Owner's Authorization

Applicant Name Arris Holdings	Applicant's Address [REDACTED]
Property Address 4420 Brownsville Rd Powder Springs, GA	Property PIN 19102600030

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 <input checked="" type="checkbox"/>	Special Use <input type="checkbox"/>	Hardship Variance <input type="checkbox"/>
Special Exception <input type="checkbox"/>	Flood Protection Variance <input type="checkbox"/>	Appeal of Administrative Decision <input type="checkbox"/>

Signature of Property Owner(s)

Signature of Owner	Printed Name	Date

State of _____, County of _____.

This instrument was acknowledged before me this _____ day of _____ month.

20____, by _____ name of signer. Identification Presented: _____.



Signature of Notary Public	Name of Notary Public	My Commission Expires

Signature of Owner	Printed Name	Date

State of _____, County of _____.

This instrument was acknowledged before me this _____ day of _____ month.

20____, by _____ name of signer. Identification Presented: _____.



Signature of Notary Public	Name of Notary Public	My Commission Expires