



**Board of County Commissioners**

DEPARTMENT OF GROWTH MANAGEMENT

LAND DEVELOPMENT DIVISION

3600 W. Sovereign Path, Suite 140

Lecanto, FL 34461

Telephone: (352) 527-5239

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Web Address: [www.citrusboce.com](http://www.citrusboce.com)

**AUTHORIZATION**

**APPLICATION REQUEST: (check one)**

\_\_\_\_ Variance    \_\_\_\_ Conditional Use    \_\_\_\_ Minor Subdivision    \_\_\_\_ Lot Reconfiguration

\_\_\_\_ Plat Vacation    \_\_\_\_ Street Vacation    \_\_\_\_ Comprehensive Plan Amendment

\_\_\_\_ Atlas Amendment    \_\_\_\_ Other (specify): \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Alternate Key # \_\_\_\_\_

Lot/Parcel \_\_\_\_\_ Block \_\_\_\_\_

Subdivision \_\_\_\_\_

I, \_\_\_\_\_, owner of the above described property,  
(Name of Owner)

authorize \_\_\_\_\_ of \_\_\_\_\_ to  
(Name of Representative) (Name of Business)

serve as agent on my behalf for the purpose of making application for the proposed request. No further authorization is expressed or implied, than that which is described herein.

SIGNATURE: \_\_\_\_\_  
(Signature of Owner)

STATE OF FLORIDA  
COUNTY OF CITRUS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared \_\_\_\_\_, who is personally known to me or provided \_\_\_\_\_ as identification and who did not take an oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

Seal

\_\_\_\_\_  
Notary Public - State of Florida