



TRANSYLVANIA COUNTY
PISGAH FOREST COMMUNITY ZONING
ZONING AGENT APPOINTMENT

(Zoning Permit Number _____)

I, _____, owner of property located
at _____ and having a
Transylvania County parcel identification number (PIN) of _____ do
hereby appoint _____ to represent me in an application
to the Planning Department and authorize him/her to act as my agent in all matters pertaining to the
application and permitting process, formal and informal except as stated herein, and authorize
him/her to receive all official correspondence.

I understand that as the listed property owner, I must sign all affidavits and statements required by
any applicable ordinance.

Exceptions to this authorization (If none write this below):

Owner's address _____

Owner Signature _____ Date: _____ Telephone # _____

Agent's Address _____

Agent's Telephone # _____ Agent's e-mail _____