

## **Natural Resources Authorized Agent Consent**

(If applicant is other than owner)

(Print name of all property owners)

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property, to wit:

Address orgeneral location: \_\_\_\_\_\_Folio No(s): \_\_\_\_\_

2. That this property constitutes the property for which a request for a:

(Nature of request)

is being applied to the Board of County Commissioners, Hillsborough County.

- 3. That the undersigned (has/have) appointed as (his/their) agent(s) to execute any permits or other documents necessary to affect such permit.
- 4. That this consent has been executed to allow Hillsborough County, Florida, to consider and act on the above-described property;
- 5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Signed (Property Owner)

Signed (Property Owner)

Type or Print Name

Type or Print Name