



PROPERTY OWNER AUTHORIZATION

City of Smyrna Community Development Department, 3180 Atlanta Rd, Smyrna, GA 30080
Office Phone 770-319-5387 / Fax 770-431-2808

I, _____, swear that I am the Property Owner of the property

located at: _____

as shown in the records of Cobb County, Georgia, which is the subject matter of the attached application.

I authorize the person named below to act as the applicant in pursuit of this application.

Name of Applicant (print clearly): _____

3710 Ashwood Dr SE, Smyrna GA 30080
Address: _____

Telephone: _____ Email: _____

I have read, understood, and answered the aforementioned items to the best of my knowledge. If I am found to have misrepresented myself on this affidavit or the attached application, I am aware I may be in violation of the City Code and run the risk of being issued a citation for violation of the City of Smyrna Code of Ordinances.

(Must be signed by the property owner. If the landowner is a corporation, the form must be signed by an officer of the corporation.)

Signature of Property Owner

Address

Name of Property Owner (print clearly)

City, State, Zip