

Authorization from Owner(s):

1. I (We) hereby designate _____ to serve as my (our) agent and to appear and present said application before the Warner Zoning Board of Adjustment [Zoning Board].
2. By submitting this application I (We) hereby authorize and understand that agents of the Town may visit the site without further notice. I (We) further understand the Zoning Board may at some point during the review process schedule a Site Visit, which will be duly posted.
3. I (We) understand that the Zoning Board will review the application/plan and/or may send the application/plan out for review. The applicant shall pay for such a review.
4. To the best of my (our) knowledge, the information provided herein is accurate and is in accordance with the Town of Warner Zoning Ordinance and other land use regulations of the Town and other applicable state and federal regulations which may apply.

Signature of Owner(s): _____ Date: _____
 _____ Date: _____

Signature of Applicant(s), if different from Owner:
 _____ Date: _____
 _____ Date: _____

Printed name of person(s) who signed above: _____

For Zoning Board of Adjustment Use Only

Date Received at Town Office: _____
 Received by: _____
 Fees Submitted: Amount: _____ Cash: _____ Check #: _____ Other: _____
 Abutters' List Received: Yes: _____ No: _____
 Date of Review: _____ Date of Hearing: _____ Date Approved: _____

ALL APPLICABLE PAGES MUST BE COMPLETED TO BE ACCEPTED

ALL COSTS OF MAILING BY CERTIFIED MAIL, FEES, AND LEGAL ADVERTISEMENT IN A NEWSPAPER MUST BE PAID BY APPLICANT BEFORE THE HEARING MAY BEGIN.