

**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.