



**Glynn County Community Development Department**  
**1725 Reynolds St., Suite 200**  
**Brunswick, GA 31520**  
**912 554-7428**  
[www.glynncounty.org](http://www.glynncounty.org)

**AA**

**Agent Authorization Form**

(Required if Applicant is other than property owner or is represented by an Agent)

**Ownership Certification**

State Of Georgia,  
 County Of Glynn County Georgia

I, the undersigned, do hereby certify that I am the owner of the property affected by the proposed application to the Glynn County Planning Commission (application file number \_\_\_\_\_) by virtue of a deed dated \_\_\_\_\_ on file in the Office of the Clerk of the Superior Court of Glynn County in Deed Book \_\_\_\_\_ Page \_\_\_\_\_

\_\_\_\_\_  
 Owner's Name

\_\_\_\_\_  
 Other Owner's Name

\_\_\_\_\_  
 Owner's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Other Owner's Signature

\_\_\_\_\_  
 Date

**Agent Authorization**

I/We, the undersigned owner(s) of property involved in this application, do hereby authorize \_\_\_\_\_ to act as Agent in submitting and representing the above identified application in my/our behalf.

\_\_\_\_\_  
 Owner's Signature

\_\_\_\_\_  
 Other Owner's Signature

I accept this authorization to act as Agent on behalf of the above owner(s).

\_\_\_\_\_  
 Authorized Agent's Name

\_\_\_\_\_  
 Authorized Agent's Signature

\_\_\_\_\_  
 Date

[Glynn County Community Development](http://www.glynncounty.org)

