

Special Limited Power of Attorney

County of Dinwiddie, Virginia
Planning Department
Post Office Drawer 70
Dinwiddie, Virginia 23841

Dinwiddie County Web Site: www.dinwiddieva.com

Phone: (804) 469-4542

Fax: (804) 469-5322

Know all men by these presents: That I (We)

(Name): _____ (Telephone): _____

(Address): _____

the owner(s) of all those tracts or parcels of land ("Property") conveyed to me (us), by deed recorded in the Clerk's Office of the Circuit Court of the County of Dinwiddie, Virginia, by

Instrument No. _____, on Page _____, and is described as

Tax Map Parcel #: _____

do hereby make, constitute and appoint:

(Name): _____ (Telephone) _____

(Address): _____

To act as my true and lawful attorney-in-fact and in my (our) name, place and stead with full power and authority I (we) would have if acting personally to file planning applications for my (our) above described Property, to include (put a checkmark in the appropriate box(es) that applies(y)):

- | | | |
|---|---|---|
| <input type="checkbox"/> Rezoning (including proffers) | <input type="checkbox"/> Lighting Plan | <input type="checkbox"/> Final Subdivision |
| <input type="checkbox"/> Conditional Use Permits | <input type="checkbox"/> Variance | <input type="checkbox"/> Subdivision Construction Plans |
| <input type="checkbox"/> Conditional Use by Special Exception | <input type="checkbox"/> Landscape Plan | <input type="checkbox"/> Building Permit(s) |
| <input type="checkbox"/> Plan of Development | <input type="checkbox"/> Alternative Fence Height | <input type="checkbox"/> Transfer of Approval |
| <input type="checkbox"/> Administrative Site Plan | <input type="checkbox"/> Conditional Subdivision | <input type="checkbox"/> Exception |

My attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows:

This authorization shall expire one year from the day it is signed, or until it is otherwise rescinded or modified.

In witness thereof, I (we) have hereto set my (our) hand and seal this _____ day of _____, 200__.

Signature(s) _____

State of Virginia, City/County of _____, To-wit:

I, _____, a Notary Public in and for the jurisdiction aforesaid, certify that the person(s) who signed to the foregoing instrument and who is (are) known to me, personally appeared before me and has acknowledged the same before me in the jurisdiction aforesaid this _____ day of _____, 200__.

My commission expires:

Notary Public