



Dinwiddie County Planning & Zoning Department SPECIAL LIMITED POWER OF ATTORNEY

Planning Department
Post Office Drawer 70
Dinwiddie, Virginia 23841
Phone (804) 469-4500 ext. 2117 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 next to the appropriate action that applies(y):

- | | | |
|--|---|---|
| <input type="checkbox"/> Rezoning Request (including proffers) | <input type="checkbox"/> Building Permit(s) | |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Subdivision Exception | |
| <input type="checkbox"/> Preliminary Subdivision Plat | <input type="checkbox"/> Site Plan of Development | <input type="checkbox"/> Landscape Plan |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Site Plan Modification | <input type="checkbox"/> Lighting Plan |
| <input type="checkbox"/> Subdivision Construction Plans | <input type="checkbox"/> Variance Request | <input type="checkbox"/> Transfer of Approval |

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This authorization shall expire one year from the day it is signed, or unto it is otherwise rescinded or modified in witness thereof, I (we) have hereto set my (our) hand and seal this _____ day of _____, 20 .

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 _____, 20 .

My commission expires:

Notary Public