



Town of Atlantic Beach Planning & Inspections Department
*125 West Fort Macon Road * Atlantic Beach * NC * 28512*

APPOINTMENT OF AGENCY LETTER

Date of Application: _____

Case Number: _____

Type of Request: Map Amendment Conditional Use Variance Other

I, _____, owner of property located in the Town of Atlantic Beach, at
(name)
_____ recorded in Carteret County Deed Book _____,
(street address)
pages _____, and having parcel identification number (PIN#)
of _____, do hereby appoint as my representing
agent _____ to represent me in the application/petition indicated above
(Agent's Name)
and authorize him/her to act as my agent in all matters formal and informal relating to the Town
of Atlantic Beach procedures for such requested actions. I authorize him/her to receive and
submit all official correspondence with the understanding, however, that as the owner of the
property I must sign any and all affidavits and statements that may be required for approvals of
the request.

Property Owner Information

Name: _____

Address: _____

Telephone: _____

(Property Owner Signature)

Date: _____

Authorized Agent Information

Name: _____

Address: _____

Telephone: _____

(Authorized Agent Signature)

Date: _____