



# CHEBOYGAN COUNTY PLANNING & ZONING DEPARTMENT

870 S. MAIN ST., RM. 103 ■ PO BOX 70 ■ CHEBOYGAN, MI 49721  
PHONE: (231)627-8489 ■ FAX: (231)627-3646

## AFFIDAVIT TO AUTHORIZE AGENT

\_\_\_\_\_  
*(Name of all property owners)*

**1. I am (we are) the owners(s) and record title holders(s) of the following described property** *(Property ID# and address):*

\_\_\_\_\_  
**2. This property constitutes the property for which the following is being requested** *(Project description):*

\_\_\_\_\_  
**3. The undersigned has/have appointed and does/do appoint:**

\_\_\_\_\_  
**As (his/her/their/its) agent(s) to execute any applications or other documents necessary to affect the above request.**

**4. This affidavit has been executed to authorize Cheboygan County Planning & Zoning Department to consider and act on the above request.**

**5. (I/We) the undersigned owner(s) hereby certify that the foregoing is true and correct.**

\_\_\_\_\_  
*Signature (Owner)*

\_\_\_\_\_  
*Signature (Owner)*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

State of Michigan, County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_