



Special Limited Power of Attorney

County of Henrico, Virginia

Department of Planning

Henrico Planning: henrico.gov/planning Build Henrico: build.henrico.us

Department of Planning, County of Henrico, Virginia, P.O. Box 90775, Henrico, Virginia 23273-0775** Phone 804-501-4602 planning@henrico.us

**For mail use P.O. Box. For deliveries C/O the Permit Center use street address 4301 E. Parham Road, Henrico, Virginia 23228.

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

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 Henrico, Virginia, by

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

Lot: _____ Block: _____ Section: _____ Subdivision: _____

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, including:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Plat Check | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> Clearing & Grubbing Plan | <input type="checkbox"/> Landscape, Lighting &/or Fence Plan | <input type="checkbox"/> Pre-Final Subdivision | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Concept Plan | <input type="checkbox"/> Minor Construction Plan | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Transfer of Approval |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Minor Site Plan | <input type="checkbox"/> Provisional Use Permit | <input type="checkbox"/> Vacation/Easement |
| <input type="checkbox"/> Conditional Rezoning | <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Proffer Amendment | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Construction Plan | <input type="checkbox"/> Plan of Development | <input type="checkbox"/> Recordation | |
| <input type="checkbox"/> Covenant Review | | <input type="checkbox"/> Rezoning | |

My attorney-in-fact shall have the authority to offer proffered conditions and to make amendments to previously approved proffered conditions except as follows: (use this box to list restrictions)

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 _____, 20____,

Signature(s) _____

Print Name(s) _____

Certificate of Acknowledgment:

City/County of _____ Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ____ day of _____,

20 ____ by _____

(Name of person(s) seeking acknowledgment)

Notary Public's signature

Notary registration number: _____ My commission expires: _____