

OWNER/AUTHORIZED AGENT AUTHORIZATION FORM

Submittal Date: _____

The Owner/Authorized Agent Authorization Form must be completed in full and returned to the Office of the Building and Zoning Official for the Town of South Kingstown along with the Zoning Board of Review Application. Failure to submit this form will delay your application being processed.

I, STEPHEN D. SMITH hereby certify that I am the owner / authorized agent of the property designated as Plat 42-2, Lot 26, as shown on the Town of South Kingstown Tax Assessor Maps. I further certify that I am the owner / authorized agent of the developmental rights for this property.

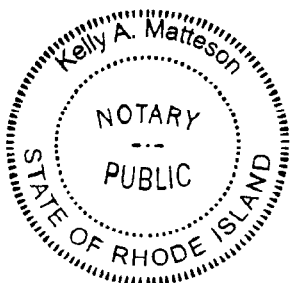
I hereby authorize and am in agreement with the application signed by _____ (applicant), for the requested relief or use of the subject property. Said application is to be submitted to the Office of the Building and Zoning Official of the Town of South Kingstown for review and decision by the Zoning Board of Review. By signing this application, the Applicant(s) and Land Owner(s) give permission to the Town of South Kingstown staff and members of the Zoning Board to enter the property individually or as a group for purposes of a site inspection. Witness its name this _____ day of _____.

By: [Signature]
Signature of Owner/Authorized Agent

STATE OF RHODE ISLAND

County of Washington

In Wakefield on the 18th day of July, 2024, before me personally appeared Stephen Smith (name) to me known and known by me to the party executing the foregoing instrument and acknowledged said instrument, by him/her executed to be his/her free act and deed, as _____ (individual, corporation, trustee, partnership, non-profit, etc.)



Notary Public: Kelly A. Matteson
My Commission Expires: 1/25/25

Notary Seal: